

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90033 046 ***150.00

DOCUMENT # P03000131086

1. Entity Name

JOHN R. & E. JANE MOORE, P.A.



Principal Place of Business

1264 KILLARNEY DRIVE
ORMOND BEACH FL 32174

Mailing Address

1264 KILLARNEY DRIVE
ORMOND BEACH FL 32174

2. Principal Place of Business

1239 Ocean Shore Blvd
Suite, Apt. #, etc.
Unit 5E

3. Mailing Address

1239 Ocean Shore Blvd
Suite, Apt. #, etc.
Unit 5E

City & State

Ormond Beach FL

City & State

Ormond Beach FL

Zip

32176

Country

USA

Zip

32176

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

91-0637282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN R
1264 KILLARNEY DRIVE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John R. Moore

Signature, typed or printed name of registered agent and title if applicable.

John R. Moore

(NOTE: Registered Agent signature required when reinstating)

3/2/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME MOORE, JOHN R
STREET ADDRESS 1264 KILLARNEY DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Delete
NAME MOORE, E JANE
STREET ADDRESS 1264 KILLARNEY DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME John R. Moore
STREET ADDRESS 1239 Ocean Shore Blvd SE
CITY-ST-ZIP Ormond Beach FL 32176

TITLE D ☒ Change ☐ Addition
NAME Moore E. Jane
STREET ADDRESS 1239 Ocean Shore Blvd
CITY-ST-ZIP Ormond Beach FL 32176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE:

John R. Moore John R. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05 3863412175

Date Daytime Phone #