

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90238 030 \*\*\*158.75



**DOCUMENT # P93000021326**  
 1. Entity Name  
**ZOOK MOORE AND ASSOCIATES, INC.**

Principal Place of Business  
**4431 EMBARCADERO DRIVE  
 STE. 406  
 WEST PALM BEACH, FL 33407**

Mailing Address  
**P.O. BOX 33068  
 RALEIGH, NC 27636-3068**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04192004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0456689**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**  
**PARENTEAU, ROGER R.N  
 4431 EMBARCADERO DRIVE  
 STE. 406  
 WEST PALM BEACH, FL 33407**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD PARENTEAU, ROGER R 4431 EMBARCADERO DRIVE WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHILLING, WILLIAM J 8711 PERIMETER PARK BLVD. SUITE 4 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST COOK, RICHARD N 3001 WESTON PARKWAY CARY, NC 27513	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD Nicholas L. Ellis 3001 Weston Parkway Cary NC 27513	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

**SIGNATURE:** Richard N. Cook **Richard N. Cook** **4-19-04** **919-677-2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #