

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90015 018 ***150.00

| | | | |
|---|---------------------------------|--|---|
| DOCUMENT # P97000061364 1. Entity Name JACK RABBIT MOON, INC. | | | |
| Principal Place of Business 2929 UNIVERSITY DR SUITE 204 CORAL SPRINGS FL 33065 US | | Mailing Address 2929 UNIVERSITY DR SUITE 204 CORAL SPRINGS FL 33065 US | |
| 2. Principal Place of Business 2 NE 6th AVE Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Delray Beach FL Zip 33483 | | City & State Zip Country | |
| 4. FEI Number 65-0770851 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCINTYRE, LINDA 2929 UNIVERSITY DR SUITE 204 CORAL SPRINGS FL 33065 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5514 Old Ocean Blvd City Ocean Ridge FL Zip Code 33435 | |
| 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 <u>Linda McIntyre</u> DATE <u>3/24/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P NAME MCINTYRE, AMANDA STREET ADDRESS 5514 OLD OCEAN BLVD CITY-ST-ZIP OCEAN RIDGE FL 33435 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME MCINTYRE, MARGARET STREET ADDRESS 5514 OLD OCEAN BLVD CITY-ST-ZIP OCEAN RIDGE FL 33435 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE ST NAME MCINTYRE, LINDA STREET ADDRESS 5514 OLD OCEAN BLVD CITY-ST-ZIP OCEAN RIDGE FL 33435 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Linda McIntyre</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>3/24/04</u> | Daytime Phone # <u>561-731-2555</u> |

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MOORE CR2E034 (11/03)