

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000096346

1. Entity Name
CONSIDERABLY MOORE, INC.



Principal Place of Business
3629 NW 133 ST
GAINESVILLE, FL 32606

Mailing Address
3629 NW 133 ST
3131 N.W. 13 STREET, SUITE 4
GAINESVILLE, FL 32606



04252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3634133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALSH, MARY
C/O JAMES MOORE & CO.
620 NW 16 AVE (PO BOX 1616)
GAINESVILLE, FL 32606-1616

**DO NOT WRITE
IN THIS SPACE**

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

**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**

000000133626
04/27/04-80096-020 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOORE, ANN E
4626 SW 97TH TERRACE
GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SCHRECK, KATHERINE J
3629 NW 133 ST
GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SCHRECK, WILLIAM
1046 S KENTUCKY AVE
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ann E. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2004 352-335-3941
Date Daytime Phone