

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077510

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: MOON EQUIPMENT CORPORATION

## Current Principal Place of Business:

3200 SOUTH THRID STREET STE 200  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

3200 SOUTH THIRD STREET  
SUITE 200  
JACKSONVILLE BEACH, FL 32250 US

## Current Mailing Address:

3200 SOUTH THRID STREET STE 200  
JACKSONVILLE BEACH, FL 32250

## New Mailing Address:

3200 SOUTH THIRD STREET  
SUITE 200  
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 20-0127464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MOON, ALISON  
3200 SOUTH THRID STREET STE 200  
JACKSONVILLE BEACH, FL 32250

## Name and Address of New Registered Agent:

MOON, ALISON  
3200 SOUTH THRID STREET STE 200  
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE:

01/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: MOON, ALISON O M.D.  
Address: 3200 SOUTH THIRD STREET, SUITE 200  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: SECR ( ) Change (X) Addition  
Name: MOON, ALISON O M.D.  
Address: 3200 SOUTH THIRD STREET, SUITE 200  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: TREA ( ) Change (X) Addition  
Name: MOON, ALISON O M.D.  
Address: 3200 SOUTH THIRD STREET, SUITE 200  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON O. MOON, M.D.

PRES

01/07/2004

Electronic Signature of Signing Officer or Director

Date