


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

DOCUMENT # 450764 1. Entity Name GLENN MOON, INC.			
Principal Place of Business 12400 49TH STREET NORTH CLEARWATER FL 34622		Mailing Address 12400 49TH STREET NORTH CLEARWATER FL 34622	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number 59-1531227		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOON, GLENN C. 12400 49TH STREET NORTH CLEARWATER FL 34622		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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PST <input type="checkbox"/> Delete NAME: MOON, GLENN C STREET ADDRESS: 485-58TH AVE.N.E. CITY-ST-ZIP: ST.PETE FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	U00000426230 02/20/06-80038-005 150.00	
TITLE: CD <input type="checkbox"/> Delete NAME: MOON, GLENN C STREET ADDRESS: 485 58TH AVE NE CITY-ST-ZIP: ST.PETE FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: V <input type="checkbox"/> Delete NAME: FRITZ, KENNETH STREET ADDRESS: 5908 27 AVE N CITY-ST-ZIP: ST.PETE FL 33710	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: V <input type="checkbox"/> Delete NAME: VAN DOMELEN, SALLY STREET ADDRESS: 12898 PALM DRIVE CITY-ST-ZIP: LARGO FL 33774	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Glenn C. Moon</i> GLENN C. MOON		1-24-06 (727) 513-12	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	