

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 691798**

1. Entity Name

**MONEUSE SALES AGENCY, INC.**



Principal Place of Business

**200 BLUE LK DR LONGWOOD, FL 32779**  
**P.O. BOX 810**  
**ALTAMONTE SPRINGS FL 32715**

Mailing Address

**200 BLUE LK DR LONGWOOD, FL 32779**  
**P.O. BOX 810**  
**ALTAMONTE SPRINGS FL 32715**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

**59-2109815**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONEUSE, PAUL J., SR.**  
**200 BLUE LAKE DR.**  
**LONGWOOD FL 32779**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MONEUSE, PAUL SR	
STREET ADDRESS	200 BLUE LAKE DRIVE	
CITY-STATE-ZIP	LONGWOOD, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONEUSE, JOY C.	
STREET ADDRESS	200 BLUE LAKE DRIVE	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONEUSE, PAUL JR.	
STREET ADDRESS	200 BLUE LAKE DRIVE	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONEUSE, CHRIS	
STREET ADDRESS	200 BLUE LAKE DRIVE	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-STATE-ZIP		

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01/28/05-80019-007 150.00

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 supplementary 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paul J. Moneuse*  
**PAUL J MONEUSE**

**1-25-05**