2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 8:00 am Secretary of State **DOCUMENT # 691798** 1. Entity Name 02-27-2006 90089 010 ***150.00 MONEUSE SALES AGENCY, INC. Principal Place of Business Mailing Address 200 BLUE LK DR LONGWOOD, FL 32779 P.O. BOX 810 PPUNISTO 200 BLUE LK DR LONGWOOD, FL 32779 P.O. BOX 810 ALTAMONTE SPRINGS FL 32715 **ALTAMONTE SPRINGS FL 32715** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 59-2109815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONEUSE, PAUL J., SR. 200 BLUE LAKE DR. Street Address (P.O.-Box Number-is Not-Acceptable) LONGWOOD FL 32779 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, typec or privide name of registered agent and title if applicable (NOTE: Registered Agent signature inclused when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE ☐ Change Addition NAME MONEUSE, PAUL SR NAME 200 BLUE LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 00000 CITY-ST-ZIP Delete TITLE Change ☐ Addition MONEUSE, JOY C. NAME NAME STREET ADDRESS 200 BLUE LAKE DRIVE STREET ADDRESS CITY-ST-20 LONGWOOD FL CITY-ST-ZIP MLF Oelete IIDE ☐ Crange ■ Addition NAME MONFUSE, PAUL JR. STREET ADDRESS 200 BLUE LAKE DRIVE STREET ADDRESS C/TY - \$2 - ZIP LONGWOOD FL CITY-ST-ZIP Oelete KILE ☐ Chance ☐ Addition MONEUSE, CHRIS NAME NAME 200 BLUE LAKE DRIVE STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME MASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this liting does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental/epon is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empoyeed to execute his/eponas required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 indicated on this report or supplemental epont is true of the corporation or the receiver or trustee empoyer if changed, or on an attachment with an address, with SIGNATURE:

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

MONEUSE SALES AGENCY, INC. 200 BLUE LK DR LONGWOOD, FL 32779 P.O. BOX 810 ALTAMONTE SPRINGS, FL 32715

Subject: MONEUSE SALES AGENCY, INC.

Reference Number:

691798

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION