

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003680

FILED
May 10, 2004
Secretary of State

Entity Name: MINNESOTA HALF MOON, INC.

Current Principal Place of Business:

2006 1ST AVE. N.
SUITE 206
ANOKA, MN 55303

New Principal Place of Business:

Current Mailing Address:

2006 1ST AVE. N.
SUITE 206
ANOKA, MN 55303

New Mailing Address:

FEI Number: 41-1683615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, DAVE
12111 GLENCLIFF CIR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ANDERSON, DAVE
Address: 12111 GLENCLIFF CIR
City-St-Zip: TAMPA, FL 33626

Title: V () Delete
Name: HILL, PAUL
Address: 39 CORMACK ST.
City-St-Zip: BABYLON, NY

Title: V () Delete
Name: WOLCOTT, DONALD
Address: 2249 WOODMERE DR
City-St-Zip: CLEVELAND, OH 44106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: WOLCOTT, DONALD
Address: 5302 SOUTHWIND ROAD
City-St-Zip: GREENSBORO, NC 27455

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: DAVE ANDERSON

PST

05/10/2004

Electronic Signature of Signing Officer or Director

Date