

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # G68910

1. Entity Name
MOON LAKE ENTERPRISES, INC.



Principal Place of Business
**18925 WELLWOOD CT
HUDSON, FL 34667**

Mailing Address
**PO BOX 5130
HUDSON, FL 34674**



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2535642	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

**FRENCH, JOHN H
18925 WELLWOOD CT
HUDSON, FL 34667**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRENCH, JOHN H.
STREET ADDRESS	18925 WELLWOOD CT
CITY- ST- ZIP	HUDSON, FL
TITLE	VST
NAME	FRENCH, BEATRICE A.
STREET ADDRESS	18925 WELLWOOD CT
CITY- ST- ZIP	HUDSON, FL
TITLE	D
NAME	FRENCH, BEATRICE A.
STREET ADDRESS	18925 WELLWOOD CT
CITY- ST- ZIP	HUDSON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/19/08-80030-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Beatrice A. French
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08

Date

Daytime Phone #