

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90083 046 ***150.00

DOCUMENT # P00000105256					
1. Entity Name SILVER MOON CAFE, INC.					
Principal Place of Business 17401 PERDIDO KEY DR. PENSACOLA, FL 32507			Mailing Address 17401 PERDIDO KEY DR. PENSACOLA, FL 32507		
2. Principal Place of Business 17395 Perdido Key Drive Suite, Apt. #, etc.		3. Mailing Address 16296 Perdido Key Drive. Suite, Apt. #, etc.			
City & State Pensacola, FL.		City & State Pensacola, FL.		4. FEI Number 59-3695215	
Zip 32507		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIEVIT, KELLY & ODOM, P.A. 15 W. MAIN ST. PENSACOLA, FL 32501		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILCHRIST, JOSEPH R 17401 PERDIDO KEY DR. PENSACOLA, FL 32507		TITLE NAME STREET ADDRESS CITY-ST-ZIP	16296 Perdido Key Drive Pensacola, FL. 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

Joseph R. Gilchrist

Jan. 9, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-492-7601