

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000115021

1. Entity Name
MOON'S SAW AND TOOL, INC.



Principal Place of Business
1620 PREMIER ROW
ORLANDO, FL 32809

Mailing Address

4870 Thompson Rd
ST Cloud FL 34772

FILED

05 OCT -6 AM 9: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
36-3136790

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

B&C CORPORATE SERVICES OF CNTRL. FL., INC.
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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
NAME
D
MOON, JESSE L
STREET ADDRESS
1620 PREMIER ROW
CITY-ST-ZIP
ORLANDO, FL 32809 ☐ Delete

TITLE
NAME
MOON, LAVERN R.
STREET ADDRESS
S/VE/D
4870 Thompson Rd
CITY-ST-ZIP
ST Cloud FL 34772 ☐ Change ☒ Addition

TITLE
NAME
V
MOON, GREGORY P
STREET ADDRESS
1620 PREMIER ROW
CITY-ST-ZIP
ORLANDO, FL 32809 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800060502908
10/11/05--01071--020 **\$1.26 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesse L. Moon, Director 407-892-6663

Date

Daytime Phone #