

2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-16-2006 90224 012 ***150.00
P01000115021

DOCUMENT # P01000115021

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



FILED

06 MAR 23 AM 9:04

STATE OF FLORIDA
TALLAHASSEE
50003015

Principal Place of Business
1620 PREMIER ROW
ORLANDO, FL 32809

Mailing Address
4870 THOMPSON RD
ST CLOUD, FL 34772

2. Principal Place of Business
4870 Thompson Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006 Chg-P CR2E034 (11/05)

City & State
St. Cloud, FL

City & State

4. FEI Number
36-3136790

Applied For
Not Applicable

Zip
34772

Country

Zip

Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
O
MOON, JESSE L
1620 PREMIER ROW
ORLANDO, FL 32809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4870 Thompson Road
St. Cloud, FL 34772 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SVD
MOON, LAVERNE R
4870 THOMPSON RD
ST CLOUD, FL 34772 ☐ Delete

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-06

407-892-6003