


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000059651 1. Entity Name THE BLUE MOON INN, INC.	
--	---

Principal Place of Business 2920 N ALT US 19 DUNEDIN, FL 34698	Mailing Address 2920 N ALT US 19 DUNEDIN, FL 34698
--	--

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3063634	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 WHALEN, RICHARD 2920 N ALT US 19 DUNEDIN, FL 34698
--

**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 _____

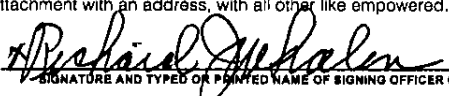
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WHALEN, RICHARD 2920 N ALT US 19 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WHALEN, BEVERLY 2920 N ALT US 19 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000692967
04/16/07-80021-007 150.00

**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:  **Richard Whalen** **April 3, 2007** **727-784-3719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #