

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000085523

1. Entity Name  
FULL MOON ADVENTURES, INC.



Principal Place of Business  
2796 NE 26TH AVENUE  
#S  
LIGHTHOUSE POINT, FL 33064

Mailing Address  
2796 NE 26TH AVENUE  
#S  
LIGHTHOUSE POINT, FL 33064



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
30-0101861

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

KETTELHUT, DREW  
2796 NE 26TH AVENUE  
#S  
LIGHTHOUSE POINT, FL 33064

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000436805  
02/28/06-80014-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME KETTELHUT, TRACEY  
STREET ADDRESS 2796 NE 26TH AVE. #S  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-06

Date

Daytime Phone #