

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000090482

1. Entity Name
BLUE MOON PAINTING, INC.



Principal Place of Business Mailing Address
*280 SE 8TH ST 280 SE 8TH ST
POMPANO BCH, FL 33060 POMPANO BCH, FL 33060



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0039067

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NORELL, ROBERT S
8751 S BROWARD BLVD STE 410
PLANTATION, FL 33324**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME WEISSE, MICHAEL
STREET ADDRESS 280 SE 8TH ST
CITY- ST- ZIP POMPANO BCH, FL 33060

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03/28/05-80049-022 158.75

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 an other like empowered

SIGNATURE:

Mike Weiss **MIKE A WEISSE** 04-01-05 954-650-2049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #