

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-13-2006 90082 037 ***150.00

DOCUMENT # P03000006866 1. Entity Name GREEN MOOSE, INC.																											
Principal Place of Business PO BOX 1219 PANAMA CITY FL 32402		Mailing Address PO BOX 1219 PANAMA CITY FL 32402																									
2. Principal Place of Business 1914 W. BEACH DR.		3. Mailing Address 																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State Panama City, FL		City & State 																									
Zip 32401		Zip 																									
Country 		Country 																									
4. FEI Number 30-0140759		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TALKINGTON, JULIANN P PO BOX 1219 PANAMA CITY FL 32402		7. Name and Address of New Registered Agent Name TALKINGTON, Juliann P. Street Address (P.O. Box Number is Not Acceptable) 1914 W. BEACH Drive City Panama City FL Zip Code 32401																									
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 DATE 3/17/06 <small>Signature, typed or printed name of registered agent and title is acceptable (NOTE: Registered Agent signature required when reappointing)</small>																											
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TALKINGTON, JULIANN P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 1219</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PANAMA CITY FL 32402</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	TALKINGTON, JULIANN P		STREET ADDRESS	PO BOX 1219		CITY - ST - ZIP	PANAMA CITY FL 32402		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DATE 3/17/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											

Juliann P. Talkington