

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 APR 19 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000044679

1. Entity Name
MOONWALKERS, INC.



Principal Place of Business

Mailing Address

~~972 WAKULLA ARRAN ROAD~~
CRAWFORDVILLE, FL 32327

800
ARRAN
RD.

~~972 WAKULLA ARRAN ROAD~~
CRAWFORDVILLE, FL 32327

800 ARRAN RD



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192005

Chg-P

CR2E034 (10/03)

MRD

4. FEI Number
14-1886809

Applied For
Not Applicable

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

HENING, III, FREDDY C

~~972 WAKULLA ARRAN ROAD~~
CRAWFORDVILLE, FL 32327

800 ARRAN RD.

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, 2005 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-ST-ZIP
DCEO
HENING, FREDDY C III
~~972 WAKULLA ARRAN ROAD~~ 800 ARRAN RD.
CRAWFORDVILLE, FL 32327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
BRADY, DANIEL G
1861 COPPER AXE TRAIL
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05

Date

Daytime Phone #