

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90001 039 ***150.00

DOCUMENT # P03000074405

1. Entity Name
HALF MOON BAY, INC.



Principal Place of Business
**1200 5TH AVE S #123
NAPLES, FL 34102**

Mailing Address
**1200 5TH AVE S #123
NAPLES, FL 34102**

54064659



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

43-2022481

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DIXON, JAN
6260 BELLERIVE AVE #403
NAPLES, FL 34119**

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 \$550.00
Due by September 8, 2004**

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
**PSTD
DIXON, JAN
6260 BELLEERIVE AVE #403
NAPLES, FL 34119**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 all address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Dixon, Pres

Date

Daytime Phone #

7-17-04

239-262-4731

54064659

Attachment
HALF MOON BAY
1200 5th Avenue South
Naples, Florida 34102
(239) 262-4731
(239) 304-0165 fax

July 22, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee Florida 32314

RE: Half Moon Bay, Inc.
Ref. #: PO300007445

To Whom It May Concern:

I am in receipt of your letter dated July 12, 2004. I have completed Block 4 with my FEI and I have signed my name as President.

I would like to request a fee abatement of \$400.00 late fee as I never received notice of my Annual Report to be filed with the State. My check is enclosed for \$150.00 for my Annual Report Filing Fee.

I trust this will meet your requirements.

Sincerely,



Jan Dixon
President
Half Moon Bay, Inc.

CC: Kevin Douglas, CPA

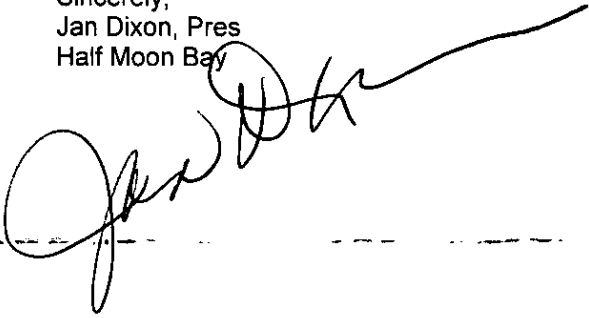
Sent via email 6-30-04 54064659

Attachment - P03000074405

I tried to send my Annual Report via internet and was shocked to see I owed the State \$550.00. I then realized I failed to check the box which indicated if I had not received previous filing information to check the box....however, when I went back to the document page, it will not allow me to change and indicates I am "already in que".

I will send my \$150.00 Annual Report Filing Fee to Division of Corporations PO Box 6198, Tallahassee, FL 32314-6198. Please let me know if you have any questions,

Sincerely,
Jan Dixon, Pres
Half Moon Bay



Annual Report for
Half Moon Bay was
sent over the internet.

Doc # P03000074405