2005 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jan 20, 2005 08:00 AM DOCUMENT # P03000075953 **Secretary of State** Entity Name MOON'S LANDSCAPE MAINTENANCE, INC. Principal Place of Business Mailing Address 4803 LAKE GROVE CIRCLE PO BOX 2373 PALM CITY, FL 34990 PALM CITY, FL. 34991 CR2E034 (10/03) 01132005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 47-0928687 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOON, WENDY A DO NOT WRITE 4803 LAKE GROVE CIRCLE PALM CITY, FL 34990 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME MOON, PATRIC J STREET ADDRESS 4803 LAKE GROVE CIRCLE CITY-ST-ZIP PALM CITY, FL 34990 U00000187403 01/24/05-80011-017 150.00 D TITLE MOON, WENDY A NAME STREET ADDRESS 4803 LAKE GROVE CIRCLE CITY-ST-ZIP PALM CITY, FL 34990 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the Information supplied with this filling 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: WONDE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOWN 1-17-05 772 2872230