


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90179 017 \*\*\*150.00

<b>DOCUMENT # P04000075580</b> 1. Entity Name <b>FULL MOON CRAFTSMEN INC</b>	
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Principal Place of Business <b>12005 VERA AVENUE TAMPA, FL 33618</b>	Mailing Address <b>12005 VERA AVENUE TAMPA, FL 33618</b>
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**DO NOT WRITE IN THIS SPACE**

66020741



03262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>05-0602391</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WHALEY, ROY A JR 12005 VERA AVENUE TAMPA, FL 33618</b>
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**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 *Roy A Whaley Jr* (NOTE: Registered Agent signature required when reappointing) DATE 4/19/06

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/P <b>WHALEY, ROY A JR 12005 VERA AVENUE TAMPA, FL 33618</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Roy A Whaley Jr* Date 6/20/06 Daytime Phone # \_\_\_\_\_