

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000131944

Entity Name: MOONLIGHTING TIME, INC.

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

619 COVE BLVD  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

619 COVE BLVD  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number: 20-1828273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOX, DERRICK  
511 WISCONSIN AVE  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: FOX, DERRICK  
Address: 511 WISCONSIN AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: V  
Name: FOX, LINDA  
Address: 511 WISCONSIN AVE  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DERRICK FOX

PTS

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date