

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011660

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BLUE MOON BACKYARD & POOL, INC.

**Current Principal Place of Business:**

1130 E. NORTH BLVD  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 490186  
LEESBURG, FL 34749

**New Mailing Address:**

FEI Number: 20-2211560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, CHARLES D  
907 WEBSTER STREET  
LEESBURG, FL 34748 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: THORPE, GREGORY C  
Address: 1130 E. NORTH BLVD  
City-St-Zip: LEESBURG, FL 34748

Title: VPD ( ) Delete  
Name: THORPE, JEANNE  
Address: 1130 E. NORTH BLVD  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GREGORY THORPE

PSTD

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date