

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90102 025 \*\*\*150.00

DOCUMENT # P05000096303

1. Entity Name  
MOON LAGOON INC



Principal Place of Business  
4153 WAIKIKI DRIVE  
SARASOTA, FL 34241 US

Mailing Address  
4153 WAIKIKI DRIVE  
SARASOTA, FL 34241 US

50011202



2. Principal Place of Business  
MOEHLIN, MARC  
Suite, Apt. #, etc.  
12515 23rd ST. E.  
City & State  
PARRISH / FLORIDA  
Zip  
34219 Country  
USA / FL

3. Mailing Address  
MOEHLIN, MARC  
Suite, Apt. #, etc.  
12515 23rd ST. E.  
City & State  
PARRISH / FLORIDA  
Zip  
34219 Country  
USA

03312006 Chg-P CR2E034 (11/05)

4. FEI Number  
203111614  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOEHLIN, MARC  
4153 WAIKIKI DRIVE  
SARASOTA, FL 34241

7. Name and Address of New Registered Agent

Name  
MOEHLIN, MARC  
Street Address (P.O. Box Number is Not Acceptable)  
12515 23RD STREET EAST  
City  
PARRISH FL Zip Code  
34219

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 *Marc Moehrlin* MARC MOEHLIN, PRESIDENT 04/07/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MOEHLIN, MARC	
STREET ADDRESS	4153 WAIKIKI DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VAN CLEAVE, JASON P	
STREET ADDRESS	4153 WAIKIKI DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOEHLIN, MARC	
STREET ADDRESS	12515 23RD STREET EAST	
CITY-ST-ZIP	PARRISH, 34219, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marc Moehrlin* MARC MOEHLIN 04/03/06 941/8095877  
Signature and typed or printed name of signing officer or director Date Daytime Phone