

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000166042

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** BLUE MOON POOL & PATIO INC.

**Current Principal Place of Business:**

1130 EAST 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:** 22-3919544

**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:** DPST  
**Name:** THORPE, GREGORY C.  
**Address:** 1130 EAST NORTH BLVD.  
**City-St-Zip:** LEESBURG, FL 34748

**Title:** VPD  
**Name:** THORPE, JEANNE  
**Address:** 1130 EAST NORTH BLVD.  
**City-St-Zip:** LEESBURG, FL 34748

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:** GREGORY C. THORPE

DPST

04/16/2010

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

\_\_\_\_\_  
Date