


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90040 024 ***150.00

DOCUMENT # P06000058184		
1. Entity Name MOONLIGHTER MARINE PRODUCTS, INC.		

Principal Place of Business 6781 SOUTH MAGNOLIA AVENUE OCALA, FL 34476	Mailing Address 6781 SOUTH MAGNOLIA AVENUE OCALA, FL 34476
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 5568
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA FL	City & State OCALA FL
Zip 34476	Country USA



07192007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0423302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REPASS, DAVID R 1301 RIVERPLACE BOULEVARD 2601 JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent must be licensed and have a valid signature)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DAWSON, SILBERT L 6781 SOUTH MAGNOLIA AVENUE OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE Daytime Phone #
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