

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Moore  
Secretary of  
DIVISION OF CORPORATIONS

DOCUMENT # P93000056270 (0)

1. Corporation Name

MOONLIGHTING CHARTERS INC

Principal Place of Business

RT. 6, BOX 427NN  
SUMMERLAND KEY FL 33042

Mailing Address

RT. 6, BOX 427NN  
SUMMERLAND KEY FL 33042



3. Date Incorporated or Qualified  
08/06/1993

3a. Date of Last Report  
04/13/1995

2. Principal Place of Business

21 120 CUTLASS Ln.

2a. Mailing Address

26 120 CUTLASS Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Summerland Key

27 Summerland Key

City & State

City & State

23 Florida

28 FLORIDA

Zip

Country

Zip

Country

24 33042

25 U.S.

29 33042

30 U.S.

9. Name and Address of Current Registered Agent

PHELPS, LINDA  
RT. 6, BOX 427NN  
SUMMERLAND KEY FL 33042

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
PHELPS, LINDA  
RT 6 BOX 427  
SUMMERLAND KEY FL 33042

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
PHELPS, LANE  
RT 6 BOX 427  
SUMMERLAND KEY FL 33042

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
PHELPS, LINDA  
120 CUTLASS Ln  
Summerland Key, FL 33042

☒ Change ☐ Addition

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP  
PHELPS, LANE  
120 CUTLASS Ln.  
Summerland Key, FL 33042

☒ Change ☐ Addition

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

3.2 NAME STREET ADDRESS CITY-ST-ZIP

3.3 STREET ADDRESS CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

4.2 NAME STREET ADDRESS CITY-ST-ZIP

4.3 STREET ADDRESS CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

5.2 NAME STREET ADDRESS CITY-ST-ZIP

5.3 STREET ADDRESS CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

6.2 NAME STREET ADDRESS CITY-ST-ZIP

6.3 STREET ADDRESS CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)