


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000057604 1. Entity Name BLUE MOON ENTERPRISES, INC.	
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Principal Place of Business 815 N MAGNOLIA AVE OCALA, FL 34475 US	Mailing Address 2327 WOODBEND CIRCLE NEW PORT RICHEY, FL 34655 US
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3265391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASTERS, SANDRA 2327 WOODBEND CIRCLE NEW PORT RICHEY, FL 34655
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000116571 04/16/04-80068-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GLUCK, GERALD 1551 CROSSVINE COURT NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S MASTERS, SANDRA 2327 WOODBEND CIRCLE NEW PORT RICHEY, FL 34655
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sandra Masters Vice President 627 370 0374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Date, Month & Year