

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P95000037697		
1. Entity Name CRESCENT MOON PRODUCTIONS, INC.		
Principal Place of Business 10626 CRESCENT LAKE COURT CLERMONT, FL 34711	Mailing Address 10626 CRESCENT LAKE COURT CLERMONT, FL 34711	



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3317493	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LYNCH, MELISSA F 10626 CRESCENT LAKE CT CLERMONT, FL 34711	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U00000903014 04/30/08-80029-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, MARK E 10626 CRESCENT LAKE COURT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYNCH, MELISSA F 10626 CRESCENT LAKE COURT CLERMONT, FL 34711
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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: MARK LYNCH *Mark Lynch* 4/14/08 352-394-8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #