

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079884

Entity Name: COBALT MOON, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

217 FIRST STREET
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

217 FIRST STREET
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 59-3372463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOELZ, DONNALEA
631 BEACH AVE
ATLANTIC BCH., FL 32233 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: PST () Delete
Name: GOELZ, DONNALEA
Address: 631 BEACH AVE.
City-St-Zip: ATLANTIC BCH., FL 32233

Title: VP () Delete
Name: GOELZ, THOMAS
Address: 631 BEACH AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS C GOELZ

VP

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date