


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P96000101810</b> 1. Entity Name <b>BLUE MOON GARDEN CAFE, INC.</b>	
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FILED

04 APR 21 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>200 E GAINES ST TALLAHASSEE, FL 32399 US</b>	Mailing Address <b>200 E GAINES ST TALLAHASSEE, FL 32399 US</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>65-0721162</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
		Country



04212004 Chg-P CR2E034 (10/03) **04**

<b>6. Name and Address of Current Registered Agent</b>  <b>GADD, WILMA C 8702 MILES JOHNSON ROAD TALLAHASSEE, FL 32309</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<div style="text-align: center; font-size: 24px; font-weight: bold;">600035726946</div> <div style="text-align: center; font-size: 18px;">05/06/04--01078--021 **150.00</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GADD, MARTIN K</b>	NAME	
STREET ADDRESS	<b>8702 MILES JOHNSON ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32309</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GADD, WILMA C</b>	NAME	
STREET ADDRESS	<b>8702 MILES JOHNSON ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32309</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Martin K. Gadd 4-21-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

83