

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000084149

1. Entity Name

MOONLIGHT AUTO GLASS, INC.



Principal Place of Business

1422 INDIAN WOODS DR
NEPTUNE BEACH, FL 32266

Mailing Address

1422 INDIAN WOODS DR
NEPTUNE BEACH, FL 32266



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3471110

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LINGER, DAVID M
302 3RD ST, STE 5
NEPTUNE BEACH, FL 32266

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALSH, JOHN
STREET ADDRESS 1422 INDIAN WOODS DR
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE SD
NAME WALSH, KATHY
STREET ADDRESS 1422 INDIAN WOODS DR
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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UN00000328022
04/25/05-80060-020 150.00

**DO NOT WRITE
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)(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: *Kathleen A. Walsh* Kathleen A. Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-2005