

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000084149

1. Entity Name
MOONLIGHT AUTO GLASS, INC.



**FILED
May 10, 2006 8:00 am
Secretary of State**

05-10-2006 90097 039 ***150.00

60037662



02062006 Chg-P CR2E034 (11/05)

Principal Place of Business 1422 INDIAN WOODS DR NEPTUNE BEACH, FL 32266	Mailing Address 1422 INDIAN WOODS DR NEPTUNE BEACH, FL 32266
2. Principal Place of Business 7602 N. MAIN ST. Suite, Apt. #, etc.	3. Mailing Address 7602 N. MAIN ST.
City & State JACKSONVILLE, FL Zip 32208	City & State JACKSONVILLE, FL Zip 32208
Country DUVAL	Country DUVAL
6. Name and Address of Current Registered Agent LINGER, DAVID M 302 3RD ST, STE 5 NEPTUNE BEACH, FL 32266	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, JOHN 1422 INDIAN WOODS DR NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP PTSD 7602 N. MAIN ST. JACKSONVILLE, FL 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALSH, KATHY 1422 INDIAN WOODS DR NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John D. Walsh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06 904-764-1240

Date

Daytime Phone #