APR.28.2004 8:48PM CORPORATIONS

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90211 001 ***150.00

DOCUMENT # P97000092489

1. Entity Name
MOONSHINE BAY CORPORATION OF LAKEPORT, INC.

Principal Place of Business
~~15 MILLER DR~~ 75 MILLER DR
LAKEPORT, FL 33471

Mailing Address
PO BOX 60014
FORT MYERS, FL 33906

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
75 MILLER DR

3. Mailing Address

Suite, Apt. #, etc.
LAKEPORT

Suite, Apt. #, etc.

City & State
FLORIDA

City & State

Zip
33471

Country
GLADES

Zip

Country

4. FEI Number
65-0815568

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERBON, WALTER J
~~15 MILLER DR~~ 75 MILLER DR.
LAKEPORT, FL 33471

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 WALTER J. SERBON
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relisting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PSTD SERBON, WALTER J 16740 PARDRIDGE PL FORT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP	VP MYERS, DAVID L 105 MILLER DR LAKEPORT, FL 33471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 04/28/04 239-437-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #