


**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 Mailing Address  
~~15 MILLER DR~~ **75 MILLER DR** PO BOX 60014  
 LAKEPORT, FL 33471 FORT MYERS, FL 33906

2. Principal Place of Business 3. Mailing Address  
**75 MILLER DR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**LAKEPORT**

City & State City & State  
**FLORIDA**  
 Zip Country Zip Country  
**33471 FLORIDA**

04282004 Chg-F CR2E034 (10/03)

4. FEI Number Applied For  
**65-0815568** 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. This 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]* **WALTER J. SERBON** DATE \_\_\_\_\_  
(NOTE: Registered Agent signatures required when re-registering)

**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

TITLE	PSTD <input type="checkbox"/> Delete
NAME	SERBON, WALTER J
STREET ADDRESS	16740 PARDRIDGE PL
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VP <input type="checkbox"/> Delete
NAME	MYERS, DAVID L
STREET ADDRESS	105 MILLER DR
CITY-ST-ZIP	LAKEPORT, FL 33471
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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(2)(f), 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: *[Signature]* **04/28/04** **239-437-0025**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #