


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 reappointing)

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 #