

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91030 039 ***150.00

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1. Entity Name

CRESCENT MOON ENTERPRISES, INC.



Principal Place of Business

10960 SR 70 EAST
SPRING FOREST OFFICE PARK
BRADENTON FL 34202

Mailing Address

10960 SR 70 EAST
SPRING FOREST OFFICE PARK
BRADENTON FL 34202

94082247



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2840 MANATEE AVE. E.

Suite, Apt. #, etc.

3. Mailing Address

2840 MANATEE

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34208

Country

USA

City & State

BRADENTON, FL

Zip

34208

Country

USA

4. FEI Number

65-0962296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT ESQ
1301 6TH AVENUE WEST SUITE 400
BRADENTON FL 34205

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DST ☐ Delete
NAME FRALEY, B. DOUGLAS II
STREET ADDRESS 4708 HIDDEN RIVER RD.
CITY-ST-ZIP SARASOTA FL 34240

TITLE DP ☐ Delete
NAME MCGREGOR, T BARTON
STREET ADDRESS 509 137TH ST E
CITY-ST-ZIP BRADENTON FL 34202

TITLE DV ☐ Delete
NAME OGLES, MARK
STREET ADDRESS 504 137TH ST E
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

941 737-2481
Daytime Phone #