


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 SEP -5 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S28262		
1. Entity Name PAINTING AND CLEANING BY MOON, INC.		

Principal Place of Business <del>303 RIVER PLANTATION RD</del> <del>CRAWFORDVILLE, FL 32327</del>	Mailing Address <i>Sue</i> <del>303 RIVER PLANTATION RD</del> <del>CRAWFORDVILLE, FL 32327</del>
<i>9485 Buckhaven Tr. Tall, FL 32312</i>	



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09052006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3045767	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOON, WANDA <del>303 RIVER PLANTATION RD</del> <del>CRAWFORDVILLE, FL 32327</del> <i>9485 Buckhaven Tr.</i> <i>Talla, FL 32312</i>		Name <i>Wanda Moon</i> Street Address (P.O. Box Number is Not Acceptable) <i>9485 Buckhaven Tr.</i> City <i>Talla</i> , FL <i>32312</i>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOON, WANDA <del>303 RIVER PLANTATION RD</del> <del>CRAWFORDVILLE, FL 32327</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Wanda Moon</i> <i>9485 Buckhaven Tr.</i> <i>Talla, FL 32312</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-306*

Date Daytime Phone #

9/5/06