

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S82026

FILED  
Mar 29, 2005  
Secretary of State

Entity Name: FOOL MOON TREASURES, INC.

**Current Principal Place of Business:**

1216 IDLEWILD CT.  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 10473  
TALLAHASSEE, FL 32302 US

**New Mailing Address:**

FEI Number: 59-3090247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINTER, JOANNE L  
2008 WAHALAW NENE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WINTER, JOANNE L,  
Address: 2008 WAHALAW NENE  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: SAMS, DIANE L,  
Address: 2006 WAHALAW NENE  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE WINTER

D

03/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date