

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V40597

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** HALF MOON BAY TRADING COMPANY

**Current Principal Place of Business:**

210 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 330718  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

**FEI Number:** 59-3128304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANT, ABRAHAM, REITER, MCCORMIC PA  
50 NORTH LAURA ST  
SUITE 2750  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHEPHARD, ROBIN  
Address: 2077 BEACH AVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: V  
Name: NUIJENS, THOMAS F.  
Address: 520 MIDWAY  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: ST  
Name: HITE, JEFFREY A.  
Address: 1075 SEMINOLE RD  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby 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 all other like empowered.

SIGNATURE: THOMAS F. NUIJENS

V

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date