

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40953

FILED
Mar 10, 2008
Secretary of State

Entity Name: FULL MOON SALOON, INC.

Current Principal Place of Business:

500 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US

New Principal Place of Business:

5331 PASADENA DRIVE
ORLANDO, FL 32809 US

Current Mailing Address:

P.O. BOX 2826
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-3136920 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOSS, THOMAS P ESQ.
8913 CONROY WINDERMERE ROAD
ORLANDO, FL 32835 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: PTSD () Delete
Name: GRAVES, ROBERT A
Address: 500 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: GRAVES, ROBERT A
Address: 5331 PASADENA DRIVE
City-St-Zip: ORLANDO, FL 32805 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT GRAVES

PTSD

03/10/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date