


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90034 010 \*\*\*150.00

<b>DOCUMENT # V48314</b>					
1. Entity Name <b>MOONLIGHT GOLF ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 4232 SEMINOLE, FL 33775 US</b>			Mailing Address <b>P.O. BOX 4232 SEMINOLE, FL 34645 US</b>		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3133352</b>	
		<b>33775</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MAGEE, FRANK D. 9095 122 WAY N SEMINOLE, FL 33772</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MAGEE, FRANK D</b>		NAME		
STREET ADDRESS	<b>9095 122ND WAY NO</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MAGEE, MARY M</b>		NAME		
STREET ADDRESS	<b>9095 122ND WAY NO</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby declare that the information supplied with this filing does not qualify for the exemption stated in Section 719 (2)(3)(M), 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 amendment with an address, with all other fees encumbered.					
SIGNATURE: <i>Mary M Magee</i>			4/1/2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR			DATE		