#### 2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000011660

Entity Name: BLUE MOON BACKYARD & POOL, INC.

FILED Aug 12, 2020 Secretary of State 0278432913CC

### **Current Principal Place of Business:**

223 SOUTH 2ND ST. LEESBURG, FL 34748

## **Current Mailing Address:**

P.O. BOX 490185

LEESBURG. FL 34749 US

FEI Number: 20-2211560 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

THORPE, GREGORY C 223 SOUTH 2ND ST LEESBURG, FL 34748 US

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

#### Officer/Director Detail:

Title PSTD Title VPD

Name THORPE, GREGORY C Name ROTTERMOND, CHRISTOPHER D

Address 223 SOUTH 2ND ST. Address 223 SOUTH 2ND ST.

City-State-Zip: LEESBURG FL 34748 City-State-Zip: LEESBURG FL 34748

Title SECRETARY Title TREASURER

Name ROTTERMOND, CHRISTOPHER D. Name ROTTERMOND, JOEL J

Address 3230 SITE TO SEE AVENUE Address 223 S 2ND ST

City-State-Zip: EUSTIS FL 32726 City-State-Zip: LEESBURG, FL FL 34748

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: GREGORY C THORPE

**PRESIDENT** 

08/12/2020