

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011660

Entity Name: BLUE MOON BACKYARD & POOL, INC.

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
Name THORPE, GREGORY C
Address 223 SOUTH 2ND ST.
City-State-Zip: LEESBURG FL 34748

Title VPD
Name THORPE, JEANNE
Address 223 SOUTH 2ND ST.
City-State-Zip: LEESBURG FL 34748

Title SECRETARY
Name ROTTERMOND, CHRISTOPHER D.
Address 5060 NEPTUNE CIRCLE
City-State-Zip: OXFORD FL 34484

Title TREASURER
Name ROTTERMOND, JOEL J
Address 35428 CRESCENT DRIVE
City-State-Zip: FRUITLAND PARK FL 34731

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

03/16/2018

Electronic Signature of Signing Officer/Director Detail

Date