

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000076919

**Entity Name:** RAYONG MOONLIT NIGHTS, INC

**Current Principal Place of Business:**

1280 S. MISSOURI AVE.  
SUITE A  
CLEARWATER, FL 33756

**Current Mailing Address:**

2706 GRETAGREEN CT  
ORLANDO, FL 32835 US

**FEI Number: 83-1861494**

**Certificate of Status Desired:** No

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

CRAIN, RICHARD B JR.  
2706 GRETAGREEN CT  
ORLANDO, FL 32835 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            PRES  
Name            CRAIN, RICHARD  
Address        2706 GRETAGREEN CT  
City-State-Zip: ORLANDO FL 32835

Title            TRES  
Name            CRAIN, SUSANN C  
Address        2706 GRETAGREEN CT  
City-State-Zip: ORLANDO FL 32835

Title            VP  
Name            PUNYAHOTRA , JULIE  
Address        2706 GRETAGREEN CT  
City-State-Zip: ORLANDO FL 32835

Title            VP  
Name            MOKKAMAKKU, TRIRITH  
Address        2706 GRETAGREEN CT  
City-State-Zip: ORLANDO FL 32835

Title            VP  
Name            THANUNAKON, VIMOURAL  
Address        2706 GRETAGREEN CT  
City-State-Zip: ORLANDO FL 32835

*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: RICHARD B CRAIN**

**PRESIDENT**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date