

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40953

FILED  
Jan 22, 2004  
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:**

**Current Mailing Address:**

P.O. BOX 2826  
ORLANDO, FL 32802

**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:**

DAVIS, BRADLEY J  
538 VIRGINIA DRIVE  
ORLANDO, FL 32803 US

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

MOSS, THOMAS  
10369 ORANGEWOOD BLVD.  
ORLANDO, FL 32821 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: THOMAS MOSS

01/22/2004

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

01/22/2004

Electronic Signature of Signing Officer or Director

Date