

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000003091
 1. Entity Name
 LADY MOON FARMS, INC.



Principal Place of Business Mailing Address
 1795 CRIDERS CHURCH ROAD 1795 CRIDERS CHURCH ROAD
 CHAMBERSBURG, PA 17201 CHAMBERSBURG, PA 17201

DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)
 4. FEI Number 25-1899810 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BEDDARD, THOMAS W
 11636 MAHOGANY RUN DRIVE
 FT, MYERS, FL 33913

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEDDARD, THOMAS
STREET ADDRESS	11636 MAHOGANY RUN ROAD
CITY-ST-ZIP	FT. MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/03/08-80042-002 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.
 SIGNATURE: Thomas W Beddard Date: 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #