

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000121971

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** WAXING MOON ENTERPRISES INC.

**Current Principal Place of Business:**

254 OLIVICK CIRCLE  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 120367  
WEST MELBOURNE, FL 32912

**New Mailing Address:**

**FEI Number:** 30-0083361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKEOWN, RITA  
254 OLIVICK CIRCLE  
PALM BAY, FL 32907 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MCKEOWN, RITA  
Address: 254 OLIVICK CIRCLE  
City-St-Zip: PALM BAY, FL 32907

Title: CFO  
Name: MCKEOWN, RITA  
Address: 254 OLIVICK CIRCLE  
City-St-Zip: PALM BAY, FL 32907

Title: SEC  
Name: MCKEOWN, LAMOINE  
Address: 254 OLIVICK CIRCLE  
City-St-Zip: PALM BAY, FL 32907

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: RITA MCKEOWN

CEO

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date