

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000136650

Entity Name: ARCHAIC MOON, INC.

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10320 SPRINGROSE DRIVE  
TAMPA, FL 33626 US

**New Principal Place of Business:**

**Current Mailing Address:**

10320 SPRINGROSE DRIVE  
TAMPA, FL 33626 US

**New Mailing Address:**

FEI Number: 20-5809300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CRETSINGER, LORRAINE J  
10320 SPRINGROSE DRIVE  
TAMPA, FL 33626 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: P. D  
Name: CRETSINGER, LORRAINE J  
Address: 10320 SPRINGROSE DRIVE  
City-St-Zip: TAMPA, FL 33626 US

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: LORRAINE J CRETSINGER

PD

01/28/2011

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

\_\_\_\_\_  
Date