


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90080 023 \*\*\*150.00


DOCUMENT # P95000051417  
 1. Entity Name  
**PROFIX, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 5667 DELTONA, FL 32725 US** **P.O. BOX 5667 DELTONA, FL 32725 US**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country



01042005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3325280** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ARMSTRONG, DENNIS R**  
**1109 DIPLOMAT DRIVE J 103**  
**DEBARY, FL 32713**

7. Name and Address of New Registered Agent  
 Name D.L. Greenfield  
 Street Address (P.O. Box Number is Not Acceptable) 1109 Diplomat Drive J103  
 City Debary FL Zip Code 32713

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 D.L. Greenfield DATE 3/9/2005

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARMSTRONG, DENNIS R			NAME			
STREET ADDRESS	P.O. BOX 5667			STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32728			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	Director / Pres	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENFIELD, DEBORAH			NAME			
STREET ADDRESS	P.O. BOX 5667			STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32728			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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: D.L. Greenfield DATE 3/9/2005 DAYTIME PHONE # 3866680866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR