# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2004**
**Secretary of State**

DOCUMENT# P94000080783

**Entity Name:** SHADDIX MANAGEMENT CO.

**Current Principal Place of Business:**

1275 BEVILLE RD.
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

1275 BEVILLE RD.
DAYTONA BEACH, FL 32119

**New Mailing Address:**

**FEI Number: 59-3275978** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHADDIX, STEVEN L
1275 BEVILLE ROAD
DAYTONA BEACH, FL 32119 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete
Name: SHADDIX, STEVEN L
Address: 1275 BEVILLE RD.
City-St-Zip: DAYTONA BEACH, FL 32119

Title: TD ( ) Delete
Name: WONTENAY, DIANNE N
Address: 398 CHINOOK CR
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete
Name: FOX, SHARLENE
Address: 855 PINE FOREST TR
City-St-Zip: PORT ORANGE, FL

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

Title: DP (X) Change ( ) Addition
Name: SHADDIX, STEVEN L
Address: 2410 SE 29TH ST
City-St-Zip: OCALA, FL 34471

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

Title: SD (X) Change ( ) Addition
Name: FOX, SHARLENE
Address: 686 FERNCLIFF DR
City-St-Zip: PORT ORANGE, FL 32127

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: DIANNE WONTENAY MS 01/06/2004

Electronic Signature of Signing Officer or Director Date