


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90085 011 ***150.00

DOCUMENT # P97000106686					
1. Entity Name SHADDIX HOLDING COMPANY					
Principal Place of Business 1275 BEVILLE ROAD DAYTONA BEACH, FL 32119		Mailing Address 1275 BEVILLE ROAD DAYTONA BEACH, FL 32119			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02142006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 59-3484168	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHADDIX, STEVEN L 2410 SE 29TH ST OCALA, FL 34471			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHADDIX, WILLIAM O II		NAME	WONTENAY, DIANNE N.	
STREET ADDRESS	1 DEER MOSS TRAIL		STREET ADDRESS	398 CHINOOK CIRCLE	
CITY-ST-ZIP	ORMOND BEACH, FL		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, SHARON S		NAME		
STREET ADDRESS	7611 TIMBERLY COURT		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, SHARLENE S		NAME	FOX, SHARLENE S.	
STREET ADDRESS	686 FERNCLIFF DRIVE		STREET ADDRESS	686 FERNCLIFF DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, MADELINE E		NAME		
STREET ADDRESS	6 HOMAN TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, STANLEY W		NAME		
STREET ADDRESS	2130 OLD DAYTONA ROAD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, STEVEN L		NAME		
STREET ADDRESS	2410 SE 29TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL		CITY-ST-ZIP		
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: <i>Dianne N. Wontenay</i>		Treas.		2/14/06 386-767-8521	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	