

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90070 005 ***150.00

DOCUMENT # P94000080783

1. Entity Name
SHADDIX MANAGEMENT CO.



Principal Place of Business
**1275 BEVILLE RD.
DAYTONA BEACH, FL 32119**

Mailing Address
**1275 BEVILLE RD.
DAYTONA BEACH, FL 32119**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3275978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SHADDIX, STEVEN L	
STREET ADDRESS	2410 SE 29TH ST	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WONTENAY, DIANNE N	
STREET ADDRESS	398 CHINOOK CR	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOX, SHARLENE	
STREET ADDRESS	686 FERNCLIFF DR	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaddix II, W.O.	
STREET ADDRESS	1 Deer Moss Trail	
CITY-ST-ZIP	Ormond Beach, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaddix, Madeline E	
STREET ADDRESS	6 Homan Terrace	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shaddix, W. Stanley	
STREET ADDRESS	2130 Old Dayton Rd	
CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon, Sharon	
STREET ADDRESS	7611 Timber Bay Ct	
CITY-ST-ZIP	McLean, VA 22102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Dianne Wontenay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08
Date

386 7678521
Daytime Phone #