

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90012 019 ***158.75

DOCUMENT # 267041	
1. Entity Name COLPAX INC	

Principal Place of Business JOHN FRANKLIN PAXTON 1400 N W 33RD DRIVE POMPANO BEACH FL 33069-1102 US	Mailing Address JOHN FRANKLIN PAXTON 1400 N W 33RD DRIVE POMPANO BEACH FL 33069-1102 US
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MOORE CR2E034 (11/03)

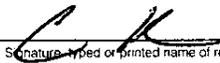
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1032316	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAXTON, MARJORIE C. 1400 N.W. 33RD DR POMPANO BEACH FL 33069	7. Name and Address of New Registered Agent Name: Paxton, Craig D. Street Address (P.O. Box Number is Not Acceptable): 1400 NW 33rd Dr City: Pompano Beach FL Zip Code: 33069
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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.

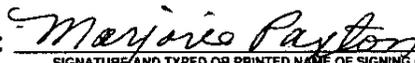
SIGNATURE:  DATE: 3/14/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME: PAXTON, JOHN FRANKLIN STREET ADDRESS: 1400 N.W. 33RD DRIVE CITY-ST-ZIP: POMPANO BEACH FL 02	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: PAXTON, MARJORIE C STREET ADDRESS: 1400 N.W. 33RD DRIVE CITY-ST-ZIP: POMPANO BEACH FL 02	<input type="checkbox"/> Delete	TITLE: C NAME: Paxton, Marjorie C STREET ADDRESS: 1400 NW 33rd Dr CITY-ST-ZIP: Pompano Beach FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: PAXTON, DAVID LEE STREET ADDRESS: 1413 N.W. 33RD DRIVE CITY-ST-ZIP: POMPANO BEACH FL 02	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: S/T/D NAME: Craig Paxton STREET ADDRESS: 1400 NW 33rd Dr CITY-ST-ZIP: Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 3/14/04 DAYTIME PHONE #: 954 972 6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR