

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 267041

Entity Name: COLPAX INC

FILED
Jul 06, 2005
Secretary of State

Current Principal Place of Business:

JOHN FRANKLIN PAXTON
POMPANO BEACH, FL 330691102 US

New Principal Place of Business:

Current Mailing Address:

JOHN FRANKLIN PAXTON
1400 N W 33RD DRIVE
POMPANO BEACH, FL 330691102 US

New Mailing Address:

FEI Number: 59-1032316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAXTON, CRAIG D
1400 N.W. 33RD DR
POMPANO BEACH, FL 33069 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: PD () Delete
Name: PAXTON, JOHN FRANKLI, N
Address: 1400 N.W. 33RD DRIVE
City-St-Zip: POMPANO BEACH, FL 02

Title: C () Delete
Name: PAXTON, MARJORIE C,
Address: 1400 N.W. 33RD DRIVE
City-St-Zip: POMPANO BEACH, FL 02

Title: VD () Delete
Name: PAXTON, DAVID LEE,
Address: 1413 N.W. 33RD DRIVE
City-St-Zip: POMPANO BEACH, FL 02

Title: STD () Delete
Name: PAXTON, CRAIG
Address: 1400 NW 33RD DR.
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CRAIG D PAXTON

STD

07/06/2005

Electronic Signature of Signing Officer or Director

Date