

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90006 024 ***550.00

DOCUMENT # F03000000906

1. Entity Name

PAXUS, INC.



Principal Place of Business

9566 IRELAND CT
POWELL OH 43065

Mailing Address

P.O. BOX 38
POWELL OH 43065

24083502



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4518351

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

MARANAN, TERESITA
7595 BAYMEADOWS CIRCE WEST #1602
JACKSONVILLE FL 32256

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEROZAIRO, DAMIAN	
STREET ADDRESS	10661 EDGEWOOD	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	STVC	<input type="checkbox"/> Delete
NAME	RAY, JIM	
STREET ADDRESS	9566 IRELAND CT	
CITY-ST-ZIP	POWELL OH 43065	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, BLAKE	
STREET ADDRESS	4262 N.142ND AVE.	
CITY-ST-ZIP	OMAHA NE 68164	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMAL, MEDHAT	
STREET ADDRESS	22 SAGAMORE RD., APT 1B	
CITY-ST-ZIP	BROONXVILLE NY 10708	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-30-04

614-336-8693