## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 04, 2005 8:00 am Secretary of State DOCUMENT # P01000066521 05-04-2005 90129 046 \*\*\*150.00 THE CORFAX COMPANY Principal Place of Business Mailing Address 12773 WEST FOREST HILL BOULEVARD 12773 WEST FOREST HILL BOULEVARD SUITE 206 **SUITE 206** WELLINGTON, FL 33414 WELLINGTON, FL 33414 3. Mailing Address 13230 Polo Club Road 2. Principal Place of Business 13230 Polo Club Road Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) Chg-P #A-107 #A-107 City & State 4. FEI Number Applied For Wellington, Wellington, Florida Florida 65-1124975 Not Applicable Country Country 33414 33414 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDERSON, A. FAXON JR. Street Address (P.O. Box Number is Not Acceptable) 12773 WEST FOREST HILL BOULEVARD **SUITE 206** 525 S. Flagler Drive WELLINGTON, FL 33414 Suite 200 West Palm Beach, 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. (NOTE: Registered Agent signsture required when reinstating) Signature, typed or printed name of registered agent and title if explicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change NAME HENDERSON, CORNELIA B NAME STREET ADDRESS 12773 W. FOREST HILL BLVD, STE, 206 13230 Polo Club Road, STREET ADDRESS #A-107 CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP Wellington, FL 33414 TITLE STD ☐ Delete TERLE Change Addition NAME HENDERSON, A. FAXON JR NAME 13230 Polo Club Road, #A-107 STREET ADDRESS 12773 W. FOREST HILL BLVD. STE, 206 STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-ZP Wellington, FL 33414 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CTY-ST-7P CTTY-ST-ZP TITS F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS COTY-ST-ZIE CITY-ST-ZIP TITLE ☐ Detete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP 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 receive or truete employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if banged, or on an attachgoril with address in all other like empowered.

<u>Cornelia B. Henderson, President</u>

FILED