


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000044836 1. Entity Name AXEL CORPORATION	
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Principal Place of Business 219 GREEN ACRES ROAD FORT WALTON BEACH, FL 32547	Mailing Address 219 GREEN ACRES ROAD FORT WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0719064	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LONGENECKER, RODNEY L
1006 FAY DRIVE
MARY ESTHER, FL 32569

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LONGENECKER, RODNEY L
STREET ADDRESS	1006 FAY DRIVE
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	SD
NAME	LONGENECKER, GWENDOLYN
STREET ADDRESS	1006 FAY DRIVE
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	VD
NAME	SCOTT, MARTIN
STREET ADDRESS	9806 LOQUAT DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	TD
NAME	SCOTT, SUSAN
STREET ADDRESS	9806 LOQUAT DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/05-80039-007 150.00

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IN THIS SPACE**

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:  **RODNEY LONGENECKER** 3/4/05 (850) 862-9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone