

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049131

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: SERONIX CORPORATION

**Current Principal Place of Business:**

27109 OAK SHADOW LANE  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

27109 OAK SHADOW LANE  
MOUNT DORA, FL 32757

**New Mailing Address:**

FEI Number: 01-0782103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUSSELL, SCOTT  
27109 OAK SHADOW LANE  
MOUNT DORA, FL 32757 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MORRELL, SCOTT  
Address: 380 OLDHAM RD  
City-St-Zip: HARTSVILLE, TN 37074

Title: D  
Name: MORRELL, SUSAN  
Address: 380 OLDHAM RD  
City-St-Zip: HARTSVILLE, TN 37074

Title: D  
Name: RUSSELL, SCOTT  
Address: 27109 OAK SHADOW LANE  
City-St-Zip: MOUNT DORA, FL 32757

Title: D  
Name: RUSSELL, KERRIE  
Address: 27109 OAK SHADOW LANE  
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: KERRIE RUSSELL

CFO

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date