

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90077 020 ***150.00

DOCUMENT # P03000054653

1. Entity Name
PAXTON UNLIMITED, INC.



Principal Place of Business
**6856 SECOR ROAD
PETERSBURG, MI 49270 US**

Mailing Address
**6856 SECOR ROAD
PETERSBURG, MI 49270 US**

94052881



2. Principal Place of Business
**1221 5th Ave South
Suite, Apt. #, etc.
Naples FL
City & State**

3. Mailing Address
**7841 Stratford Dr
Suite, Apt. #, etc.
Naples FL
City & State**

03312004 Chg-P CR2E034 (10/03)

Zip
34102

Country
USA

Zip
34104

Country
USA

4. FEI Number
41-2099408

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MYFLORIDACORP.COM
8406 PCB PARKWAY
SUITE L
PANAMA CITY BEACH, FL 32407**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PAXTON, ROBERT	
STREET ADDRESS	6856 SECOR ROAD	
CITY-ST-ZIP	PETERSBURG, MI 49270	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAXTON, JENNIFER	
STREET ADDRESS	6856 SECOR ROAD	
CITY-ST-ZIP	PETERSBURG, MI 49270	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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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:

Jennifer Paxton Jennifer Paxton

4/13/04

239-774-0061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #