2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000024058

1. Entity Name
MADDOX SERVICES, INC.

Principal Place of Business	Mailing Address
709 DEMPSEY STREET BRANFORD, FL 32008	P.O. BOX 668 BRANFORD, FL 32008

DO NOT WRITE IN THIS SPACE

04222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0567657	Not Applicable

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

6. Name and Address of Current Registered Agent

COULTHURST, BARBARA
172 W MAIN STREET
MAYO, FL 32066

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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, 2008 Fee will be $550.00

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

U000000945033
05/29/08-80122-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MADDOX, JOSEPH R
STREET ADDRESS	P O BOX 668
CITY-ST-ZIP	BRANDFORD, FL 32008

TITLE	STD
NAME	MADDOX, SUZETTE A
STREET ADDRESS	P O BOX 668
CITY-ST-ZIP	BRANDFORD, FL 32008

TITLE	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Joseph R Maddox 04/30/08 386-623-2514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #