

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90051 049 ***158.75

DOCUMENT # P04000082413					
1. Entity Name PAXZOR CORPORATION					
Principal Place of Business 1805 MARINER DRIVE #45 TARPON SPRINGS, FL 34689 US			Mailing Address P. O. BOX 1905 TARPON SPRINGS, FL 34688-1905 US		
2. Principal Place of Business 1426 winding willow dr		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Trinity FL		City & State Trinity FL		4. FEI Number 20-1156187	
Zip 34655		Country Pasco		Applied For Not Applicable	
5. Certificate of Status Desired X \$8.75 Additional Fee Required				01112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HOWLETT, COLLEEN M 1805 MARINER DRIVE #45 TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name <u>Tom Carrigan</u> Street Address (P.O. Box Number is Not Acceptable) 3910 Northdale Blvd. Ste. 100 City <u>Tampa</u> <u>FL</u> Zip Code <u>33624</u>		
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 <u>THOMAS J. CARRIGAN</u> <u>Thomas J. Carrigan</u> <u>4/6/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWLETT, COLLEEN M 1805 MARINER DRIVE #45 TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Howlett, Colleen M. 1426 winding willow dr. Trinity, FL 34655-7124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Colleen M. Howlett</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President President 3-29-05 727-389-0606 Date Day-to Phone #			