## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

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## **DOCUMENT # P06000020076**

1. Entity Name MADDOX CONSTRUCTION COMPANY



**FILED** Jan 14, 2008 08:00 AM **Secretary of State** 

Principal Place of Business

28016 WESTBROOK DRIVE

**BONITA SPRINGS, FL 34135** 

Mailing Address

28016 WESTBROOK DRIVE

BONITA SPRINGS, FL 34135 US

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4302732 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

SALVATORI & WOOD, P.L. 4001 TAMIAMI TRAIL NORTH **SUITE 330** NAPLES, FL 34103

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the obligat	named entity submits this statement for the p ions of registered agent.	urpose of changing its regist	tered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			tered Agent signatur	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	U00000781291 01/15/08-80028-008 150.00	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS MADDOX, JEFFREY L 28016 WESTBROOK DRIVE BONITA SPRINGS, FL 34135					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS				IN THIS SPACE		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP