

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/11

06-13-2005 90002032 ***150.00
P94000061879

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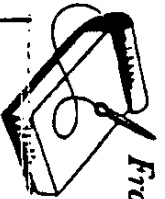
DOCUMENT # P94000061879 1. Entity Name FAYE MADDUX & ASSOCIATES, INC.																															
Principal Place of Business 3000 GULF TO BAY BLVD, 101 CLEARWATER, FL 34619		Mailing Address 3000 GULF TO BAY BLVD, 101 CLEARWATER, FL 34619																													
2. Principal Place of Business 1520 Sawgrass Village Dr. P.O. Box 3011 Suite, Apt., etc. #451 City & State Ponte Vedra Beach, FL		3. Mailing Address 1520 Sawgrass Village Dr. P.O. Box 3011 Suite, Apt., etc. #451 City & State Ponte Vedra Beach, FL																													
Zip 32082 Country St. Johns		Zip 32004 Country St. Johns																													
4. FEI Number 59-3258843		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MADDUX, FAYE 3000 GULF TO BAY BLVD, 101 CLEARWATER, FL 34619																													
7. Name and Address of New Registered Agent Name 1520 Sawgrass Village Dr. #451 City Ponte Vedra Beach FL Zip Code 32004		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><i>Faye Maddux</i></u> 6/9/05 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)																													
FILE MONTH: FEB IS \$350.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP 0 MADDUX, FAYE 3000 GULF TO BAY BLVD, 101 CLEARWATER, FL 34619 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP 0 MADDUX, FAYE 3000 GULF TO BAY BLVD, 101 CLEARWATER, FL 34619	☐ Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP 1520 Sawgrass Village, #451 Ponte Vedra Beach, FL 32004 </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP 1520 Sawgrass Village, #451 Ponte Vedra Beach, FL 32004	☐ Change ☐ 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)(f), 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><i>Faye Maddux</i></u> 6/9/05 SIGNATURE AND FILED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date 6/9/05																													

FILED
05 JUL -5 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06102006 Chg-P CR2E034 (10/03)

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From the desk of
FAYE MADDUX

6/9/05

66023953

#P9400061879

Whom it may concern:

I am enclosing 2005 corp.

#P9400061879 per 150.20

ATTACHMENT

Filing fee

Please delete late charge

Penalty since I did not receive

prior notice. I request 1/2

yo. a P.O. did not forward
my notice.

Thanks,

Jays Maddux, President

Jays Maddux & Assoc Inc.

6/27/05

Letter I

copy of

6/9/05

sent

Jays Maddux

President

Please advise late fee