

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080783

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: SHADDIX MANAGEMENT CO.

## Current Principal Place of Business:

1275 BEVILLE RD.  
DAYTONA BEACH, FL 32119

## New Principal Place of Business:

## Current Mailing Address:

1275 BEVILLE RD.  
DAYTONA BEACH, FL 32119

## New Mailing Address:

FEI Number: 59-3275978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHADDIX, STEVEN L  
1275 BEVILLE ROAD  
DAYTONA BEACH, FL 32119 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: SHADDIX, STEVEN L  
Address: 1275 BEVILLE RD.  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: TD ( ) Delete  
Name: WONTENAY, DIANNE N  
Address: 398 CHINOOK CR  
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete  
Name: FOX, SHARLENE  
Address: 855 PINE FOREST TR  
City-St-Zip: PORT ORANGE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SHADDIX, STEVEN L  
Address: 2410 SE 29TH ST  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: FOX, SHARLENE  
Address: 686 FERNCLIFF DR  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE WONTENAY

MS

01/06/2004

Electronic Signature of Signing Officer or Director

Date