


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90011 049 ***150.00

DOCUMENT # P94000080783

1. Entity Name
SHADDIX MANAGEMENT CO.



Principal Place of Business Mailing Address
1275 BEVILLE RD. **1275 BEVILLE RD.**
DAYTONA BEACH, FL 32119 **DAYTONA BEACH, FL 32119**

40027576

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02282007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3275978 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SHADDIX, STEVEN L	
STREET ADDRESS	2410 SE 29TH ST	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WONTENAY, DIANNE N	
STREET ADDRESS	398 CHINOOK CR	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOX, SHARLENE	
STREET ADDRESS	686 FERNCLIFF DR	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wontenay, Dianne N	
STREET ADDRESS	398 Chinook Cr	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaddix, II, W. O.	
STREET ADDRESS	1 Deermoss Tr	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaddix, Madeline E	
STREET ADDRESS	6 Homan Terr.	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaddix, W. Stanley	
STREET ADDRESS	2130 Old Daytona Road	
CITY-ST-ZIP	Port Orange, FL	

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: Dianne N Wontenay Date: 2/27/07 Daytime Phone #: 386 7678521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File 2nd Date

ATTACHMENT

4002 1576

~~# P94000080783~~

X Addition

D

Gordon, Sharon S

7611 Timberly Ct

McLean, VA 22102