

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080783

FILED
Feb 03, 2009
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: DP () Delete
Name: SHADDIX, STEVEN L
Address: 2410 SE 29TH ST
City-St-Zip: OCALA, FL 34471

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

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

Title: D () Delete
Name: SHADDIX II, W.O.
Address: 1 DEER MOSS TRL
City-St-Zip: ORMOND BCH, FL

Title: D () Delete
Name: SHADDIX, MADELINE E
Address: 6 HOMAN TERR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: SHADDIX, STANLEY W
Address: 2130 OLD DAYTON RD
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SHADDIX, STEVEN L
Address: 3208 SE 23RD TERRACE
City-St-Zip: OCALA, FL 34471

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

T

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date