

DOCUMENT # P96000097919

1. Entity Name

ADDICO INC.



FILED

05 SEP -8 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

Principal Place of Business

ADDICO, INC.
500 PRIVATEER RD.
NORTH PALM BEACH FL 33408

Mailing Address

ADDICO, INC.
500 PRIVATEER RD.
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0714989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOLEY, MICHAEL
8316 BOB-O-LINK
WEST PALM BEACH FL 33412

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agents signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FOLEY, MICHAEL ☐ Delete
STREET ADDRESS 8316 BOB-O-LINK
CITY-ST-ZIP W. PALM BEACH FL

TITLE STD
NAME FOLEY, ED ☐ Delete
STREET ADDRESS 8316 BOB-O-LINK
CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Michael Foley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/08
Date

561-842-1646
Daytime Phone #

ADDICO

INCORPORATED

September 7, 2005

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Addico, Inc.

Reference Number: P96000097919

To Whom It May Concern,

Enclosed you will find the completed annual report/uniform business report as it was originally submitted.

The 2005 annual report notice was not received by Addico, Inc. in either of the past two years and it would be greatly appreciated if this could be looked into. We take the notice very seriously and always endeavor to make sure it is filed in a timely matter. In this situation we would like to request that the additional fee of \$400.00 be waived and that the report be filed.

If you have any further questions regarding this matter please feel free to call me at (561) 842-1646.

Sincerely,



Michael Foley,
President