

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90034 003 ***150.00

DOCUMENT # P97000038731

1. Entity Name
HADDIX & ASSOCIATES, INC.



Principal Place of Business
**17673D JAMESTOWN WAY
LUTZ, FL 33549**

Mailing Address
**17673D JAMESTOWN WAY
LUTZ, FL 33549**



2. Principal Place of Business
19412 Livingston Ave

3. Mailing Address
23110 S.R. 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 367

01182004

Chg-P

CR2E034 (10/03)

City & State
Lutz, FL

City & State
Lutz, FL

4. FEI Number
59-3447090

Applied For
Not Applicable

Zip
33559

Country
USA

Zip
33549

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HADDIX, ROBERT W
17673-D JAMESTOWN WAY
LUTZ, FL 33558**

7. Name and Address of New Registered Agent
Name **Robert W. Haddix**

Street Address (P.O. Box Number is Not Acceptable)
23110 S.R. 54

PMB 367

City **Lutz**

FL

Zip Code **33549**

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 **Robert W. Haddix** **Robert W. Haddix**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HADDIX, ROBERT W**
STREET ADDRESS **17673D JAMESTOWN WAY**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **D** ☐ Delete
NAME **HADDIX, A. GRETCHEN**
STREET ADDRESS **17673D JAMESTOWN WAY**
CITY-ST-ZIP **LUTZ, FL 33549**

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 **23110 S.R. 54 PMB 367**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE ☒ Change ☐ Addition
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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: **Robert W. Haddix** **Robert W. Haddix** **1-19-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-922-0994