


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2004 90201 021 ***150.00

DOCUMENT # P97000086319					
1. Entity Name REGENIX, INC.					
Principal Place of Business 2211 S. INDIAN RIVER DRIVE FT. PIERCE, FL 34950			Mailing Address 2211 S. INDIAN RIVER DRIVE FT. PIERCE, FL 34950		
2. Principal Place of Business SAME AS ABOVE			3. Mailing Address SAME AS ABOVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 34950	Country USA	Zip 34950	Country USA	4. FEI Number APPLIED FOR 65-0790592	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THOMAS, DONALD J ESQ. 1200 N. FEDERAL HWY. SUITE 312 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent N/A	
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 N/A <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, WILLIAM T 2211 S. INDIAN RIVER DRIVE FT. PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, LORI L 2211 S. INDIAN RIVER DRIVE FT. PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

94062943



03082004 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR 65-0790592

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

7. Name and Address of New Registered Agent
N/A

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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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After May 1, 2004 Fee will be \$550.00**

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Trust Fund Contribution. ☐ **\$5.00** May Be
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SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 772-595-5662
Date Daytime Phone #