

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106686

FILED
Mar 07, 2005
Secretary of State

Entity Name: SHADDIX HOLDING COMPANY

Current Principal Place of Business:

1275 BEVILLE ROAD
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1275 BEVILLE ROAD
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 59-3484168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHADDIX, STEVEN L
2410 SE 29TH ST
OCALA, FL 34471 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: D () Delete
Name: SHADDIX, WILLIAM O II
Address: 1 DEER MOSS TRAIL
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: GORDON, SHARON S
Address: 7611 TIMBERLY COURT
City-St-Zip: MCLEAN, VA

Title: STD () Delete
Name: FOX, SHARLENE S
Address: 686 FERCLIFF DR
City-St-Zip: PORT ORANGE, FL

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

Title: VD () Delete
Name: SHADDIX, STANLEY W
Address: 2130 OLD DAYTONA ROAD
City-St-Zip: DAYTONA BEACH, FL

Title: PD () Delete
Name: SHADDIX, STEVEN L
Address: 2410 SE 29TH STREET
City-St-Zip: Ocala, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: FOX, SHARLENE S
Address: 686 FERCLIFF DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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 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 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: SHARLENE S. FOX

STD

03/07/2005

Electronic Signature of Signing Officer or Director

_____ Date