


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90026 004 ***150.00

DOCUMENT # P97000106686	
1. Entity Name SHADDIX HOLDING COMPANY	

Principal Place of Business 1275 BEVILLE ROAD DAYTONA BEACH, FL 32119	Mailing Address 1275 BEVILLE ROAD DAYTONA BEACH, FL 32119
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01192007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
SHADDIX, STEVEN L 2410 SE 29TH ST OCALA, FL 34471	

7. Name and Address of New Registered Agent	
Name	SHADDIX, STEVEN L
Street Address (P.O. Box Number is Not Acceptable)	1275 BEVILLE ROAD
City	DAYTONA BEACH
State	FL
Zip Code	32119

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE	D <input type="checkbox"/> Delete
NAME	SHADDIX, WILLIAM O II
STREET ADDRESS	1 DEER MOSS TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	D <input type="checkbox"/> Delete
NAME	GORDON, SHARON S
STREET ADDRESS	7611 TIMBERLY COURT
CITY-ST-ZIP	MCLEAN, VA
TITLE	STD <input type="checkbox"/> Delete
NAME	FOX, SHARLENE S
STREET ADDRESS	686 FERNCLIFF DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D <input type="checkbox"/> Delete
NAME	SHADDIX, MADELINE E
STREET ADDRESS	6 HOMAN TERRACE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	VD <input type="checkbox"/> Delete
NAME	SHADDIX, STANLEY W
STREET ADDRESS	2130 OLD DAYTONA ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	PD <input type="checkbox"/> Delete
NAME	SHADDIX, STEVEN L
STREET ADDRESS	2410 SE 29TH STREET
CITY-ST-ZIP	OCALA, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WONTENAY, DIANNE N
STREET ADDRESS	398 CHINOOK CIRCLE
CITY-ST-ZIP	LAKE MARY, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, SHARLENE S
STREET ADDRESS	686 FERNCLIFF DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, WM. STANLEY
STREET ADDRESS	2130 OLD DAYTONA ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, STEVEN L
STREET ADDRESS	12888 S. E. HWY 441
CITY-ST-ZIP	BELLEVIEW, FL 34420

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dianne Wontenay* Dianne N. Wontenay, Treas. 4/10/07 386-767-8521
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #