


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000021981</b>	
1. Entity Name <b>AXIOM INVESTMENTS, INC.</b>	

Principal Place of Business <b>400 S. PALMETTO AVE DAYTONA BEACH, FL 32114</b>	Mailing Address <b>400 S. PALMETTO AVE DAYTONA BEACH, FL 32114</b>
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06302005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3502904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>MITCHELL, JEROME D 400 SOUTH PALMETTO AVE. DAYTONA BEACH, FL 32114</b>
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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 renewing)

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

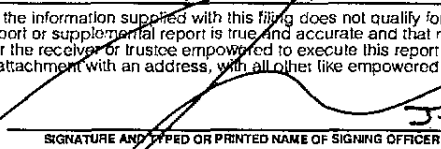
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, JEROME D 400 S. PALMETTO AVE. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLIFTON, RONALD D JR 1128 - A BEVILLE ROAD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLIDGE, E. CHANNING S. ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/05/05-80031-005 150.00

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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:**  **Jerome D. Mitchell (PD)** **6/30/05 (386) 252-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # **3004**