

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2005 08:00 AM
Secretary of State**

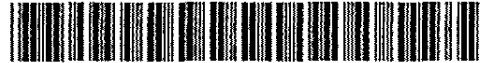
DOCUMENT # P98000069334

1. Entity Name
MADDOX MANAGEMENT, INC.



Principal Place of Business
**2780 NORTHRIDGE DR.,E.
CLEARWATER, FL 33761**

Mailing Address
**2780 NORTHRIDGE DR.,E.
CLEARWATER, FL 33761**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3528077

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MADDOX, W.A.
2780 NORTHRIDGE DR.,E.
CLEARWATER, FL 33761**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000196062
01/26/05-80052-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	MADDOX, W.A.
STREET ADDRESS	2780 NORTHRIDGE DR.,E.
CITY - ST - ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: W.A. Maddox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Jan 2005 727-785-5401
Date Daytime Phone #