


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90025 024 \*\*\*150.00

<b>DOCUMENT # P99000078891</b> 1. Entity Name ADDAXX OF MOUNT DORA, INC.					
Principal Place of Business 627 N. DONNELLY STREET MOUNT DORA, FL 32757			Mailing Address 627 N. DONNELLY STREET MOUNT DORA, FL 32757		
2. Principal Place of Business Suite, Apt., #, etc.			3. Mailing Address Suite, Apt., #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3597826</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  RICE, JOHN S 627 N. DONNELLY STREET MOUNT DORA, FL 32757				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D	EINARSSON, THORA L	<input type="checkbox"/> Delete	TITLE	D
NAME		2636 MCDONALD TERRACE		NAME	STORM, THORA
STREET ADDRESS		MT. DORA, FL 32757		STREET ADDRESS	2636 MCDONALD TERRACE
CITY-ST-ZIP				CITY-ST-ZIP	MOUNT DORA, FLORIDA 32757
TITLE	D	BLAIR, MARIA B	<input type="checkbox"/> Delete	TITLE	
NAME		2636 MCDONALD TERRACE		NAME	
STREET ADDRESS		MT. DORA, FL 32757		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	D	STORM, THORA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		2636 MCDONALD TERRACE			
STREET ADDRESS		MOUNT DORA, FLORIDA 32757			
CITY-ST-ZIP					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Thora Storm</u> <span style="float: right;"><u>2/24/04</u></span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					