

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90006 002 ***150.00

DOCUMENT # P99000090913

1. Entity Name
S.F. MADDOX, INC.



Principal Place of Business
520 LONE PALM DRIVE
LAKELAND, FL 33815

Mailing Address

~~520 LONE PALM DRIVE~~
~~LAKELAND, FL 33815~~

44049749



2. Principal Place of Business

3. Mailing Address

P.O. BOX 7100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122004

Chg-P

CR2E034 (10/03)

City & State

City & State

LAKELAND, FL

4. FEI Number

59-3603667

Applied For

Not Applicable

Zip

Country

Zip

Country

33807

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADDOX, STEPHEN F
520 LONE PALM DRIVE
LAKELAND, FL 33815

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MADDOX, STEPHEN F
STREET ADDRESS 540 LANE PALM DR.
CITY-ST-ZIP LAKELAND, FL 33815

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. BOX 7100
CITY-ST-ZIP LAKELAND, FL 33807

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-04

(863) 882-5151

Date

Daytime Phone #

Attachment

44049749

199000090913

S.F. MADDOX, INC.
P.O. BOX 7100
LAKELAND, FL 33807

July 15, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2004 Annual Report

Gentlemen:

In reference to the 2004 Annual Report please find enclosed a check for reinstatement fee in the amount of \$150.00. Please be advised that we never received the original report or the subsequent notices.

Please send me confirmation of this reinstatement. Thank you for your assistance.

Sincerely,



Stephen F. Maddox