

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057614

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: COX INDUSTRIAL RESOURCES, INC.

**Current Principal Place of Business:**

2133 W. MCNAB RD  
POMPANO BCH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

2133 W. MCNAB RD  
POMPANO BCH, FL 33069

**New Mailing Address:**

FEI Number: 65-0850956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COX, M. CLYDE  
2133 W. MCNAB RD  
POMPANO BCH, FL 33069 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COX, CLYDE  
Address: 2133 W. MCNAB RD  
City-St-Zip: POMPANO BCH, FL 33069

Title: EVPD ( ) Delete  
Name: COX, A. ELAYNE  
Address: 2133 W MCNAB RD  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP ( ) Delete  
Name: COX, BART J  
Address: 2133 W MCNAB RD  
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR. (X) Change ( ) Addition  
Name: COX, CLYDE  
Address: 2133 W. MCNAB RD  
City-St-Zip: POMPANO BCH, FL 33069

Title: MRS. (X) Change ( ) Addition  
Name: COX, A. ELAYNE  
Address: 2133 W MCNAB RD  
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. CLYDE COX

Electronic Signature of Signing Officer or Director

MR.

01/15/2009

\_\_\_\_\_ Date