


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 310916	
1. Entity Name COX OIL AND SALES COMPANY	

Principal Place of Business 2039 E CROOKED LANE DR EUSTIS, FL 32726 US	Mailing Address 2039 E CROOKED LANE DR EUSTIS, FL 32726 US
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1162569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COX, CHRISTOPHER P.
2039 E CROOKED LANE DR
EUSTIS, FL 32726

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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: Christopher P. Cox 4/18/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, CHRISTOPHER 2039 E CROOKED LAKE DR EUSTIS, FL
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05/09/06-80003-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Christopher P. Cox 4/18/2006 352-357-1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #