


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 368887</b>	
1. Entity Name COX'S FLOWERS, INC.	

Principal Place of Business 11250 PRINCESSA LN. JACKSONVILLE, FL 32218	Mailing Address 11250 PRINCESSA LN. JACKSONVILLE, FL 32218
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03182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1303202	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, LINDA R. 11250 PRINCESSA LANE JACKSONVILLE, FL 32218
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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	S COX, LINDA R 11250 PRINCESSA LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COX, ALTON C JR. 11250 PRINCESSA LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COX, ALTON C JR. 11250 PRINCESSA LANE JACKSONVILLE, FL
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03/24/05-80052-014 150.00

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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: Alton C. Cox Jr. (ALTON C. COX JR.) MAR 21, 2005 (904) 257-5687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #