

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 477610

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: COX CORPORATION

## Current Principal Place of Business:

1221 ROXBORO RD  
LONGWOOD, FL 32750

## New Principal Place of Business:

274 NEEDLES TRAIL  
LONGWOOD, FL 32779

## Current Mailing Address:

1221 ROXBORO RD  
LONGWOOD, FL 32750

## New Mailing Address:

274 NEEDLES TRAIL  
LONGWOOD, FL 32779

FEI Number: 59-1611451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COX, WILLIAM M  
1221 ROXBORO RD  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

COX, WILLIAM M JR  
274 NEEDLES TRAIL  
LONGWOOD, FL 32779 US

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: WILLIAM M COX JR

04/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COX, WILLIAM M,  
Address: 1221 ROXBORO RD  
City-St-Zip: LONGWOOD, FL 00000,

Title: D ( ) Delete  
Name: COX, VIRGINIA B,  
Address: 1221 ROXBORO RD  
City-St-Zip: LONGWOOD, FL 00000,

Title: P ( ) Delete  
Name: COX, WILLIAM M JR,  
Address: 274 NEEDLES TRAIL  
City-St-Zip: LONGWOOD, FL 00000,

Title: V ( ) Delete  
Name: KLOHE, WILLIAM  
Address: 724 MONTCLAIR TERRACE  
City-St-Zip: ORANGE CITY, FL 32763

Title: V (X) Delete  
Name: SWENSON, ANDREW  
Address: 274 NEEDLES TRAIL  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COX, WILLIAM M JR  
Address: 274 NEEDLES TRAIL  
City-St-Zip: LONGWOOD, FL 32779

Title: V (X) Change ( ) Addition  
Name: KLOHE, WILLIAM  
Address: 724 MONTCLAIR TERRACE  
City-St-Zip: ORANGE CITY, FL 32763

Title: V (X) Change ( ) Addition  
Name: SWENSON, ANDREW  
Address: 433 BLACK KNIGHT WAY  
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Change ( ) Addition  
Name: COX, SUSAN  
Address: 274 NEEDLES TRAIL  
City-St-Zip: LONGWOOD, FL 32779

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM M COX JR

P

04/04/2007

Electronic Signature of Signing Officer or Director

Date