

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 08:00 A
Secretary of State

DOCUMENT # 587055

1. Entity Name
COX ELECTRONIC'S OF PERRY, INC.



Principal Place of Business
**1303 SOUTH JEFFERSON STREET
PERRY, FL 32348**

Mailing Address
**P. O. BOX 1457
PERRY, FL 32348 US**



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1876604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COX, MARY ANN
1305 SOUTH JEFFERSON ST
PERRY, FL 32348**

**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

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | VDS |
| NAME | COX, MARY ANN |
| STREET ADDRESS | 113 W DUVAL ST |
| CITY-ST-ZIP | PERRY, FL 00000, |
| TITLE | PD |
| NAME | COX, WALTER ALBRID, JR |
| STREET ADDRESS | 113 W DUVAL ST |
| CITY-ST-ZIP | PERRY, FL 00000, |
| TITLE | T |
| NAME | COX, MARY ANN |
| STREET ADDRESS | 113 W DUVAL ST |
| CITY-ST-ZIP | PERRY, FL 00000, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/26/07-80056-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *May A Cox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2007 ⁸⁵⁰
Date Daytime Phone # *584-5145*