

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 17, 2005 08:00 AM
Secretary of State

2002 20377

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1st MOORE CR2E034 (10/04)

DOCUMENT # 856833 1. Entity Name FOX-ROWDEN-MCBRAYER, INC.			
Principal Place of Business 776 SOUTH MILITARY TRAIL SUITE 776 DEERFIELD BEACH FL 33442		Mailing Address 776 SOUTH MILITARY TRAIL SUITE 776 DEERFIELD BEACH FL 33442	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number	Applied For
		58-1051947	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROWDEN, ROBERT R. 776 S. MILITARY TRAIL SUITE 776 DEERFIELD BEACH FL 33442		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFRENIERE, JAMES A.	NAME	
STREET ADDRESS	1458 BEAVER RUIN ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	1100000232788 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRAYER, KENNETH	NAME	02/17/05-80018-002 150.00
STREET ADDRESS	1133 PRESLEY RD.	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWDEN, ROBERT R.	NAME	
STREET ADDRESS	776 S MILITARY TRAIL, STE 776	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, D.E.	NAME	
STREET ADDRESS	1458 BEAVER RUN ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>James A. Lafreniere</i>		2/11/05 770-923-355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	