# 2007 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # F01000000928**

1. Entity Name
COXPARTNERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5815 WINDSOR CT | 5815 WINDSOR CT |
| BOCA RATON, FL  33496 | BOCA RATON, FL  33496 |

## DO NOT WRITE IN THIS SPACE

01152007      No Chg-P      CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| NOT APPLICABLE | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

COX, HENRICUS AJM
5815 WINDSOR CT
BOCA RATON, FL  33496

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## 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 | CP |
|---|---|
| NAME | COX, HENRICUS AJM |
| STREET ADDRESS | 5815 WINDSOR CT |
| CITY-ST-ZIP | BOCA RATON, FL  33496 |

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01/24/07-80001-003 150.00

| TITLE | V |
|---|---|
| NAME | COX, M. ARELY |
| STREET ADDRESS | 5815 WINDSOR CT |
| CITY-ST-ZIP | BOCA RATON, FL  33496 |

| TITLE | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:** _____    1-15-07    561997 1116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #