


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90367 012 ***150.00

DOCUMENT # G05976
 1. Entity Name
FOX RUN, INC.



Principal Place of Business Mailing Address
440 FOX RUN BLVD **440 FOX RUN BLVD**
TAVARES FL 32778-825 **TAVARES FL 32778-825**
US **US**



2. Principal Place of Business 3. Mailing Address
129 JUNIPER WAY **129 JUNIPER WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
TAVARES FL **TAVARES FL**
 Zip Country Zip Country
32778 **USA** **32778** **USA**

4. FEI Number Applied For
59-2297111 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HOLLAND, HAROLD F
316 BAYTREE BLVD
GAINESVILLE, FL
TAVARES FL 32778

7. Name and Address of New Registered Agent
 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 _____ (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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	STV	<input type="checkbox"/> Delete
NAME	HOLLAND, MICHAEL D	
STREET ADDRESS	19049 LAKE SWATARA DR	
CITY-ST-ZIP	EUSTIS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLLAND, HAROLD F	
STREET ADDRESS	316 BAYTREE BLVD	
CITY-ST-ZIP	TAVARES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KING, CHARLENE N	
STREET ADDRESS	724 LAKE DORA DRIVE	
CITY-ST-ZIP	TAVARES, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Harold F. Holland **HAROLD F. HOLLAND** 4/11/06 352-343-7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #