2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G95786

Entity Name: FRED FOX ENTERPRISES, INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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26 SPANISH STREET 26 SPANISH STREET

ST AUGUSTINE, FL 32085 US ST AUGUSTINE, FL 32084 US

Current Mailing Address: New Mailing Address:

26 SPANISH STREET P O BOX 1047 ST AUGUSTINE, FL 32085 US

FEI Number: 59-2443697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOX, FRED D.

221 TREASURE BEACH RD

SAINT AUGUSTINE, FL 32080 US

FOX, FRED D.

939 SALTWATER CIRCLE

SAINT AUGUSTINE, FL 32080 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: FRED D. FOX 01/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: FOX, FRED D.,

Address: FOX, FRED D.,

Address: POX, FRED D.,

Address: POX, FRED D.,

Address: POX, FRED D.,

Address: POX, FRED D.,

Address: 221 TREASURE BEACH ROAD Address: 939 SALTWATER CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32080

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: FOX, SUSAN J., Name: FOX, SUSAN J.,

Address: 221 TREASURE BEACH ROAD Address: 939 SALTWATER CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST () Delete Title: ST (X) Change () Addition

Name: FOX, FRED D., Name: FOX, FRED D.,

Address: 221 TREASURE BEACH ROAD Address: 939 SALTWATER CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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: FRED D. FOX P 01/21/2009