2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H09768

1. Entity Name
REAGAN H. FOX III, INC.

FILED
Mar 26, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
120 MADDUX RD PERRY, FL 32347	2549 WOODS CREEK RD PERRY, FL 32347

DO NOT WRITE IN THIS SPACE

01082004 No Chg P CR2E084 (10/03)

4. FEI Number
59-2417075
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, REAGAN H., III
2549 WOODS CREEK RD
PERRY, FL 32347

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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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when mandatory)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

TITLE	OFFICERS AND DIRECTORS
TITLE	PTD
NAME	FOX, REAGAN H. III
STREET ADDRESS	2549 WOOD CREEK RD
CITY ST ZIP	PERRY, FL
TITLE	VSD
NAME	FOX, CAROLYN T.
STREET ADDRESS	2549 WOOD CREEK RD
CITY ST ZIP	PERRY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carolyn T. Fox Carolyn T. Fox, VSD 1-7-04 850 584-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #