

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H20644

Entity Name: COX FIRE PROTECTION, INC.

FILED
Jun 21, 2006
Secretary of State

Current Principal Place of Business:

7910 PROFESSIONAL PLACE
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

7910 PROFESSIONAL PLACE
TAMPA, FL 33637

New Mailing Address:

FEI Number: 59-2515185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, RONALD EARL
913 LAKE BROOKER CT
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COX, RONALD E
Address: 913 LAKE BROOKER CT
City-St-Zip: LUTZ, FL 33548 US

Title: D () Delete
Name: CRIPPEN, JOHN L.
Address: 8610 RENFREW PLACE
City-St-Zip: TAMPA, FL 33604 US

Title: DVP () Delete
Name: COX, LINDA J
Address: 913 LAKE BROOKER COURT
City-St-Zip: LUTZ, FL 33548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: CRIPPEN, JOHN L
Address: 8610 RENFREW PLACE
City-St-Zip: TAMPA, FL 33604 US

Title: DCT (X) Change () Addition
Name: COX, LINDA J
Address: 913 LAKE BROOKER COURT
City-St-Zip: LUTZ, FL 33548 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA J. COX

DCT

06/21/2006

Electronic Signature of Signing Officer or Director

Date