## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # H78422

t. Entity Name

FRED FOX REALTY, INC.



**FILED** Feb 11, 2005 08:00 AM **Secretary of State** 

Principal Place of Business

330 ST JOHNS AVE PALATKA, FL 32177 US

Mailing Address

PO DRAWER 2017 330 ST JOHNS AVE

PALATKA, FL 32178 US



01272005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2917378

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, FRED D. 221 TREASURE BEACH ROAD SAINT AUGUSTINE, FL 32080

## DO NOT WRITE 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				required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campalgn Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, FRED D. 221 TREASURE BEACH ROAD SAINT AUGUSTINE, FL 32080				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOX, FRED D. 221 TREASURE BEACH ROAD SAINT AUGUSTINE, FL 32080				U00000224817 02/11/05-80014-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOX, FRED D. 221 TREASURE BEACH ROAD SAINT AUGUSTINE, FL 32080			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- 33	

12. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR