


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90272 036 ***150.00

DOCUMENT # J11472 1. Entity Name COX ASPHALT MAINTENANCE, INC.					
Principal Place of Business 2607 C SPRINGHILL RD TALLAHASSEE, FL 32304 US			Mailing Address PO BOX 6545 TALLAHASSEE, FL 32314		
2. Principal Place of Business 3611 A Woodville Hwy		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tallahassee, FL		City & State 		4. FEI Number 59-2730728	
Zip 32305		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COX, JOHN L 2324 CYPRESS COVE DRIVE TALLAHASSEE, FL 32310			7. Name and Address of New Registered Agent Name JOHN L COX Street Address (P.O. Box Number is Not Acceptable) 3611 A Woodville Hwy City Tallahassee FL Zip 32305		
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 John L. Cox DATE 4/27/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, JOHN L 2324 CYPRESS COVE DR TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete			
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12. 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: John L. Cox DATE 4/27/05 DAYTIME PHONE # 8505762606 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					