

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K42755

FILED
Mar 14, 2005
Secretary of State

Entity Name: THOMAS F. COX, ESQ., P.A.

Current Principal Place of Business:

248 FIRST AVE N
SAINT PETERSBURG, FL 33701 US

New Principal Place of Business:

7104 CENTRAL AVENUE
SAINT PETERSBURG, FL 33707 US

Current Mailing Address:

P.O. BOX 40008
ST. PETERSBURG, FL 33743 US

New Mailing Address:

FEI Number: 59-2667090 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BREWER, MARIA
1362 WEBER DR.
CLEARWATER, FL 33764 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: COX, THOMAS F.,
Address: 7104 CENTRAL AVE.
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: T (X) Delete
Name: COX, THOMAS F.,
Address: 248 FIRST AVE N
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

P

03/14/2005

Electronic Signature of Signing Officer or Director

_____ Date