2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2005
Secretary of State

DOCUMENT# L89880

Entity Name: CONCESSIONS BY COX OF FLORIDA, INC.

Current Principal Place of Business:

% FLORIDA STATE FAIR AUTHORITY
4800 UNITED STATES HWY. 301 N.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

% FLORIDA STATE FAIR AUTHORITY
4800 UNITED STATES HWY. 301 N.
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3021887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, KRISTOPHER E ESQ
307 SOUTH BOULEVARD
SUITE D
TAMPA, FL 33606 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: DP ( ) Delete
Name: COX, CHARLES
Address: 11303 TORREY PINE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: DS ( ) Delete
Name: COX, PATRICIA
Address: 11303 TORREY PINE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: DT ( ) Delete
Name: COX-HICKEY, TERESA
Address: 13033 ST. FILAGREE DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PATRICIA A. COX DS 03/13/2005

Electronic Signature of Signing Officer or Director — Date