

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L89880

FILED
Mar 14, 2006
Secretary of State

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:

1710 REPUBLIC DE CUBA
TAMPA, FL 33605

Current Mailing Address:

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

New Mailing Address:

PO BOX 76189
TAMPA, FL 33675

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 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: PATRICIA COX

VP

03/14/2006

Electronic Signature of Signing Officer or Director

Date