


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90386 005 ***150.00

DOCUMENT # M92789	
1. Entity Name FOX COUPLINGS, INC.	

Principal Place of Business 1901 SERVICE ST. JACKSONVILLE, FL 32207	Mailing Address 1901 SERVICE ST. JACKSONVILLE, FL 32207
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2. Principal Place of Business 3401 Philips Hwy	3. Mailing Address 3401 Philips Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State Jacksonville FL
Zip 32207	Zip 32207
Country USA	Country USA

6. Name and Address of Current Registered Agent HARRELL, WILLIAM H. 1901 SERVICE STREET JACKSONVILLE, FL 32207	
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7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3401 Philips Hwy

City **Jacksonville FL** Zip Code **32207**

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 signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRELL, WILLIAM H. 1901 SERVICE ST. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3401 Philips Hwy Jacksonville FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, BARBARA H. 1901 SERVICE ST. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3401 Philips Hwy Jacksonville FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLCORN, FRANK V., IV 1901 SERVICE ST. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3401 Philips Hwy Jacksonville FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANTIN, JANICE M 1901 SERVICE ST. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANTICO, JANICE M. 3401 Philips Hwy Jacksonville FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>William H. Harrell</i>	4/27/05	904-398-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #