

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90388 045 \*\*\*150.00

**DOCUMENT # P01000086258**

1. Entity Name  
**LEE COX, INC.**



Principal Place of Business Mailing Address  
~~6931 OLDCATE CIRCLE~~ **6204 RIDGETOP DR.** PO BOX 797  
NEW PORT RICHEY, FL 34655 ELFRS, FL 34680-0797



03292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2338858**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

COX, LONNIE G JR  
~~6931 OLDCATE CIRCLE~~ **6204 RIDGETOP DR.**  
NEW PORT RICHEY, FL 34655

**DO NOT WRITE  
IN THIS SPACE**

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. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT  
NAME COX, LONNIE G JR  
STREET ADDRESS ~~6931 OLDCATE CIRCLE~~ **6204 RIDGETOP DR.**  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE DVS  
NAME COX, LEE M C  
STREET ADDRESS ~~6931 OLDCATE CIRCLE~~ **6204 RIDGETOP DR.**  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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CITY-ST-ZIP

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IN THIS SPACE**

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:** **Lonnie Cox** **4-11-05** **7273724099**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #