

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065651

Entity Name: FOX FAMILY FINANCIAL CORP.

FILED
Mar 24, 2005
Secretary of State

Current Principal Place of Business:

448 WAHOO ROAD
PANAMA CITY BEACH, FL 32411

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 28287
PANAMA CITY BEACH, FL 32411

New Mailing Address:

FEI Number: 75-3063585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENARD, LOUISE H
448 WAHOO ROAD
PANAMA CITY BEACH, FL 32411 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: D () Delete
Name: RENARD, JEAN J
Address: POST OFFICE BOX 28287
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: D () Delete
Name: RENARD, LOUISE H
Address: POST OFFICE BOX 28287
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: D () Delete
Name: RENARD, CHRISTINE
Address: 5089 DESORMES
City-St-Zip: STE CATHERINE, QC J0L1E CA

Title: D () Delete
Name: RENARD, PATRICK
Address: 3942 PERIWINDLE CRESCENT
City-St-Zip: MISSISSAUGA, ON L5N6W6 CA

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:

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: LOUISE H. RENARD

PRES

03/24/2005

Electronic Signature of Signing Officer or Director

_____ Date