

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065651

FILED  
Apr 08, 2006  
Secretary of State

Entity Name: FOX FAMILY FINANCIAL CORP.

**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: D      (X) Change ( ) Addition  
Name: RENARD, CHRISTINE  
Address: 5089 DESORMES  
City-St-Zip: STE CATHERINE, QC J5C 1L4 CA

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: LOUISE H. RENARD

PRES

04/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date