2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P03000026395 1. Entity Name MARK W. FOX, P.A. Principal Place of Business Mailing Address 15916 ACORN CIRCLE 15916 ACORN CIRCLE TAVARES, FL 32778 TAVARES, FL 32778 No Chg-P CR2E034 (10/03) 03022005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1178054 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FOX, MARK W 15916 ACORN CIRCLE TAVARES, FL 32778 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FOX, MARK W NAME STREET ADDRESS 15916 ACORN CIRCLE U00000313304 CITY-ST-ZIP TAVARES, FL 32778 04/18/05-80120-D11 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of the true 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 accurate and other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF FRINTION NAME OF SIGNING OFFICER OR DIRECTOR

/14/05 352 - 343 - 308

FILED