## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 08, 2005 8:00 am Secretary of State

| DOCUMENT # P03000041108  1. Entity Name COX INTERIOR SPECIALTIES INC.   |  |  |  |   |                                    | 04-08-2005             | 90025 045   | ***15                       | 0.00                                |
|---|--|--|--|---|------------------------------------|------------------------|---|-----------------------------|-------------------------------------|
| Principal Place of Business  1080 S. HOAGLAND BLVD. #52  KISSIMMEE, FL 34741  Mailing Address  1080 S. HOAGLAND BLVD. #  KISSIMMEE, FL 34741  |  |  |  | 2   | \$ ( <b>TR</b> )( <b>PR</b> ) 4(1) |                        | : <b>58</b> 1112 <b>8102</b> 1 118 <b>2</b> 1 111 | IZI BAITI IOY               |                                     |
| 2. Principal P  | lace of Business   | 3. Mailing Address                     |  |   |                                    |                        |   |                             |                                     |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                    |  | 01062005  | Chg-P                              | CR2E034 (              | 10/03)  |                             |                                     |
| City & State  |  | City & State                           |  | 4. FEI Numbe<br>48-1307   |                                    |                        | -   | plied For<br>t Applicable   |                                     |
| Zìp<br>   | Country Zip  |  | Coun   | try   | 5. Certificate of                  | of Status Desired      | □ \$8.<br>Fee                                     | 75 Addi<br>Required         | tional                              |
|   | 6. Name and Address of Curren  | t Registered Agent                     |  |   | 7. Name and                        | Address of New Re      | egistered Ager                                    | ıt                          |                                     |
| COX, JAMES P<br>1080 S. HOAGLAND BLVD. #52<br>KISSIMMEE, FL 34741   |  |  |  | Name  Street Address (P.O. Box Number is Not Acceptable)  |                                    |                        |   |                             |                                     |
|   |  |  |  | City  |                                    |                        | FL  | Zip Code                    | ,                                   |
|   | named entity submits this statement ions of registered agent.  | for the purpose of changing it         | s register   | ed office or regist   | ered agent, or bot                 | h, in the State of Flo | rida. I am fami                                   | liar with,                  | and accept                          |
| SIGNATURE   | Signature, typed or printed name of registered ager  | et and title if applicable. (NO        | TE: Registere  | d Agent signature requir  | red when reinstating)              |                        | DATE  |                             | ·<br>                               |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.  |  |  |  | ncing \$  | 5.00 May Be<br>dded to Fees        |                        | _   |                             |                                     |
|   |  |  |  |   |                                    |                        |   |                             |                                     |
| 10.   | OFFICERS AN  | D DIRECTORS                            | 11.  |   | ADDITIONS/                         | CHANGES TO OFFI        | CERS AND DIF                                      | ECTORS                      | IN 11                               |
| 10.   | OFFICERS AN  | D DIRECTORS                            | 11.  | <del></del>   | ADDITIONS/                         | CHANGES TO OFFI        |   | RECTORS<br>Change           | S IN 11                             |
| ·   | T  |  |  |   | ADDITIONS/                         | CHANGES TO OFFI        |   |                             | <del></del> -                       |
| TITLE   | Р  | ☐ Delete                               | TITL<br>NAM<br>STRE  |   | ADDITIONS/                         | CHANGES TO OFFI        |   |                             | <del></del> -                       |
| TITLE NAME STREET ADDRESS   | P<br>COX, JAMES P<br>1080 S. HOAGLAND BLVD. #5.  | ☐ Delete                               | TITL<br>NAM<br>STRE  | E<br>ET ADORESS<br>-ST-ZIP  | ADDITIONS/                         | CHANGES TO OFFI        |   |                             | <del></del> -                       |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP   | P<br>COX, JAMES P<br>1080 S. HOAGLAND BLVD. #5:<br>KISSIMMEE, FL 34741   | ☐ Delete                               | TITL<br>NAM<br>STRI<br>CITY  | E ET ADDRESS -ST-ZIP  | ADDITIONS/                         | CHANGES TO OFFI        |   | Change                      | ☐ Addition                          |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | P<br>COX, JAMES P<br>1080 S. HOAGLAND BLVD. #5.<br>KISSIMMEE, FL 34741   | Delete                                 | TITL<br>NAM<br>STRI<br>CITY<br>TITL<br>NAM   | E ET ADDRESS -ST-ZIP  | ADDITIONS/0                        | CHANGES TO OFFI        |   | Change                      | ☐ Addition                          |
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I nereby 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 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.

GNATURE:

GNATURE:

James P. Cox 04-06-05 321-443-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR