

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000049215

1. Entity Name
SOX INVESTMENTS, INC.



Principal Place of Business
**14565 EAGLE RIDGE DRIVE
FORT MYERS, FL 33912**

Mailing Address
**14565 EAGLE RIDGE DRIVE
FORT MYERS, FL 33912**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0057309

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCZYNSKI, STANLEY J
14565 EAGLE RIDGE DRIVE
FORT MYERS, FL 33912**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALLACE, KENNETH
STREET ADDRESS	5610 DIVISION DR
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	VTD
NAME	GARCZYNSKI, STANLEY J
STREET ADDRESS	14565 EAGLE RIDGE DR
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	VD
NAME	HOOKER, WM ROSS
STREET ADDRESS	18191 PARKRIDGE CIR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	SD
NAME	MOSHER, ROBERT
STREET ADDRESS	14770 SOARING EAGLE CT
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/08-80053-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/08 U.P. 237-910-4460