2006 FOR PROFIT CORPORATION **ANNUAL REPORT** 

FILED Jan 23, 2006 08:00 A **Secretary of State** 

DOCUMENT # P03000101569 1. Entity Name MARY JO COX. P.A. Principal Place of Business Mailing Address 15531 REDINGTON DRIVE 15531 REDINGTON DRIVE

## REDINGTON BEACH, FL 33708 REDINGTON BEACH, FL 33708 US 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 55-0846646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COX, MARY JO DO NOT WRITE 15531 REDINGTON DRIVE REDINGTON BEACH, FL 33708 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Floriga. I am familiar with, and accept the obligations of registered ager SIGNATURE Signature, typed or p t and this 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, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE COX, MARY JO NAME STREET ADDRESS 15531 REDINGTON DR REDINGTON BEACH, FL 33708 CITY-ST-ZIP U00000394104 01/25/06-80048-010 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME

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 eath; 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 er like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NING OFFICER OR DIRECTOR

Daytime Phone #