

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90001 012 \*\*\*150.00

**DOCUMENT # P03000118868**

1. Entity Name  
**COX CUSTOM HARDWOOD FLOORS INC.**



**34068633**

Principal Place of Business Mailing Address  
**16230 FRANDERSON LANE** **16230 FRANDERSON LANE**  
**JACKSONVILLE, FL 32226 US** **JACKSONVILLE, FL 32226 US**



2. Principal Place of Business 3. Mailing Address  
**15400 Shark Rd. W** **15400 Shark Rd. W**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

08052004 Chg-P CR2E034 (10/03)

City & State City & State  
**JACKSONVILLE FL** **JACKSONVILLE FL**  
Zip Country Zip Country  
**32226** **FL** **32226** **US**

4. FEI Number Applied For  
**06-1712782** Not Applicable

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

## 6. Name and Address of Current Registered Agent

**COX, JERRY D II**  
**16230 FRANDERSON LANE**  
**JACKSONVILLE, FL 32226**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME **COX, JERRY D II**  
STREET ADDRESS **16230 FRANDERSON LANE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE VPS ☐ Delete  
NAME **COX, LAUREL M**  
STREET ADDRESS **16230 FRANDERSON LANE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Jerry D. Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/04  
Date

9047576240  
Daytime Phone #