


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146716	
1. Entity Name JAMES COX CONSTRUCTION, INC.	

Principal Place of Business 7257 HWY. 85 NORTH LAUREL HILL, FL 32567	Mailing Address 7257 HWY. 85 NORTH LAUREL HILL, FL 32567
--	--

DO NOT WRITE IN THIS SPACE

FILED
05 JUL -8 AM 8: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1612806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COX, JAMES E
7257 HWY. 85 NORTH
LAUREL HILL, FL 32567

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COX, JAMES E 7257 HWY. 85 NORTH LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT COX, ANGELA R 7257 HWY. 85 NORTH LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000026685b
03/17/05-80047-004 150.00

DO NOT WRITE
IN THIS SPACE

3/15/8

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: James E. Cox President 3/15/05 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR