2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
3/15/2004-90053-026-$100.50-$100.50
04 APR -5 PM 12:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MOORE CR2E034 (11/03)

DOCUMENT # P03000149507

1. Entity Name
BOBBY G COX SPECIALITY SERVICE, CO.

Principal Place of Business	Mailing Address
3545 LUTHER FOWLER RD PACE FL 32571	3545 LUTHER FOWLER RD PACE FL 32571

2. Principal Place of Business	3. Mailing Address
~~3545 Luther Fowler Rd~~	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ~~Pace Fl~~	City & State
Zip ~~32571~~ Country ~~USA~~	Zip Country

4. FEI Number 52-2438671 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACTIVE FILINGS, LLC 10651 NE 11TH COURT MIAMI SHORES FL 33138	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 ______
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, BOBBY 3545 LUTHER FOWLER RD PACE FL 32571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200031758562 04/05/04--01003--004 **49.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Esther Conway Secretary Treasurer 3498 Bailey Rd Pace, Fl 32571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Esther Conway Esther Conway 3-10-04 850-994 6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEI: Fed Emp ID #