


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90110 030 ***150.00

DOCUMENT # P03000149507	
1. Entity Name BOBBY G COX SPECIALITY SERVICE, CO.	

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

<p>2. Initials of Officer or Director</p> <p>3. Initials of Registered Agent</p>	
--	--

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2438674 38-3695989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CONWAY, ESTHER 3498 BARLEY RD PACE, FL 32571
--

7. Signature of Registered Agent ESTHER CONWAY
--

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D COX, BOBBY 3545 LUTHER FOWLER RD PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CONWAY, ESTHER 3498 BAILEY RD PACE, FL 32571
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	

<p>11. Signature of Officer or Director</p> <p>12. Signature of Officer or Director</p>

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: Esther Conway Esther Conway 1-2306 8509946666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #