


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000073409 1. Entity Name COX VENTURES X, INC.	
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Principal Place of Business 1388 COUNTRY CLUB ROAD GULF BREEZE, FL 32561	Mailing Address P.O. BOX 17129 PENSACOLA, FL 32522-7129
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03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1087809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent MONTGOMERY, ROBERT 1388 COUNTRY CLUB ROAD GULF BREEZE, FL 32561

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, ROBERT 1388 COUNTRY CLUB ROAD GULF BREEZE, FL 32561
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04/20/06-80049-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Robert Montgomery Robert Montgomery 3/29/06 850-437-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #