


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000079251	
1. Entity Name COX'S WHOLESALE NURSERY INC	

Principal Place of Business 2080 NW COUNTRY ROAD 340 BELL, FL 32619	Mailing Address 2080 NW COUNTRY ROAD 340 BELL, FL 32619
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DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4280559	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

COX, RANDY K
2080 NW COUNTRY ROAD 340
BELL, FL 32619

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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 re-registering) **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
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10. OFFICERS AND DIRECTORS

TITLE P	NAME COX, RANDY K
STREET ADDRESS 2080 COUNTRY ROAD 340	CITY-ST-ZIP BELL, FL 32619
TITLE VP	NAME SNODDY, BRENDA K
STREET ADDRESS 2080 COUNTRY ROAD 340	CITY-ST-ZIP BELL, FL 32619
TITLE SEC	NAME SNODDY, BRENDA K
STREET ADDRESS 2080 COUNTRY ROAD 340	CITY-ST-ZIP BELL, FL 32619
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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IN THIS SPACE

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04/12/06-80080-021 150.00

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: Brenda K Snoddy 3/26/06 386-935-9272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #