

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90018 016 \*\*\*158.75

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<b>DOCUMENT # P05000026237</b> 1. Entity Name <b>FOX CERTIFIED CONTRACTORS INC.</b>					
Principal Place of Business <b>1740 SMOKETREE CIRCLE APOPKA, FL 32712</b>			Mailing Address <b>1740 SMOKETREE CIRCLE APOPKA, FL 32712</b>		
2. Principal Place of Business <b>2116 Oak Leaf Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>2116 Oak Leaf Circle</b> Suite, Apt. #, etc.		07232006    Chg-P    CR2E034 (11/05)	
City & State <b>Mt. Dora, FL</b> Zip    Country <b>32757    USA</b>		City & State <b>Mt. Dora, FL</b> Zip    Country <b>32757    USA</b>		4. FEI Number <b>202338958</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>FOX, AYSE E 1740 SMOKETREE CIRCLE APOPKA, FL 32712</b>	
7. Name and Address of New Registered Agent Name <b>ROBERT P. FOX</b> Street Address (P.O. Box Number is Not Acceptable) <b>2116 Oak Leaf Circle</b> City <b>Mt. Dora</b> <b>FL</b> Zip Code <b>32757</b>				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 <b>ROBERT P. FOX</b> <b>7/24/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO FOX, AYSE E 1740 SMOKETREE CIRCLE APOPKA, FL 32712</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FOX, ROBERT P 1740 SMOKETREE CIRCLE APOPKA, FL 32712</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO FOX, ROBERT P 2116 Oak Leaf Circle Mt. Dora, FL 32757</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <b>ROBERT P FOX</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7/24/06 407-383-4969</b> <small>Date    Daytime Phone #</small>		