

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078188

Entity Name: PAUL L. COX, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

5413 US HWY 19 N
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5413 US HWY 19
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5639 ORANGE GROVE AVE.
NEW PORT RICHEY, FL 34652

New Mailing Address:

5413 US HWY 19
NEW PORT RICHEY, FL 34652

FEI Number: 20-4999643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, PAUL L
5413 US HWY 19 N
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, PAUL R
Address: 5639 ORANGE GROVE AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: COX, PAUL L
Address: 5639 ORANGE GROVE AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL L. COX

DR

04/24/2007

Electronic Signature of Signing Officer or Director

Date