

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000011898

1. Entity Name

PAUL FOX AND ASSOCIATES, INC.



Principal Place of Business

950 RUE DE PALM
NICEVILLE, FL 32578

Mailing Address

950 RUE DE PALM
NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3165694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

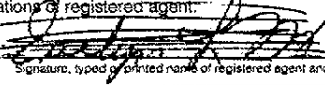
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, PAUL
950 RUE DE PALM
NICEVILLE, FL 32578

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PD |
| NAME | FOX, PAUL |
| STREET ADDRESS | 950 RUE DE PALM |
| CITY-ST-ZIP | NICEVILLE, FL 32578 |
| TITLE | VSD |
| NAME | FOX, EVELYN L |
| STREET ADDRESS | 950 RUE DE PALM |
| CITY-ST-ZIP | NICEVILLE, FL 32578 |
| 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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01/12/04-80030-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn L. Fox

VSD

1-10-04

Date

850-678-5651

Daytime Phone #