

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000045929

1. Entity Name
COX & SONS CONST. INC.



Principal Place of Business
**456 ERMINE AVENUE, SUITE 101
LAKE CITY, FL 32025**

Mailing Address
**456 ERMINE AVENUE, SUITE 101
LAKE CITY, FL 32025**



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3193981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COX, JAMES R
RT. 11, BOX 100
LAKE CITY, FL 32024**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000000286897
04/04/05-80046-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, JAMES R RT 11 BOX 100 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COX, VERLIN T RT. 27, BOX 302 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COX, RICHARD E RT. 11, BOX 100 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, LAVONNE RT. 11, BOX 100 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 807, 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: *James R. Cox* **JAMES R. COX**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05

Date

386-755-7200

Daytime Phone #