

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045929

Entity Name: COX & SONS CONST. INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

456 ERMINE AVENUE, SUITE 101
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

456 ERMINE AVENUE, SUITE 101
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-3193981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, JAMES R
2732 SW PINEMOUNT ROAD
LAKE CITY, FL 32024 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, JAMES R
Address: 2732 SW PINEMOUNT ROAD
City-St-Zip: LAKE CITY, FL 32055

Title: V () Delete
Name: COX, VERLIN T
Address: 4378 SW CR 242
City-St-Zip: LAKE CITY, FL 32024

Title: V () Delete
Name: COX, RICHARD E
Address: 2732 SW PINEMOUNT ROAD
City-St-Zip: LAKE CITY, FL 32024

Title: S () Delete
Name: COX, LAVONNE
Address: 2732 SW PINEMOUNT ROAD
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES R COX

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date