

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90049 023 \*\*\*150.00

**DOCUMENT # P94000048093**

1. Entity Name

**JACK SCHRAMM COX, P.A.**



Principal Place of Business

**4400 PGA BLVD  
SUITE 201  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address

**4400 PGA BLVD  
SUITE 201  
PALM BEACH GARDENS FL 33410  
US**

2. Principal Place of Business

**9002 SE Bridge Road**

3. Mailing Address

**9002 SE Bridge Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Hobe Sound, FL 33455**

City & State  
**Hobe Sound, FL 33455**

4. FEI Number  
**65-0501765**

Applied For  
Not Applicable

Zip  
**33455**

Country  
**USA**

Zip  
**33455**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COX, JACK S.  
4400 PGA BLVD  
SUITE 201  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name  
**Cox, Jack S.**

Street Address (P.O. Box Number is Not Acceptable)  
**9002 SE Bridge Road**

City  
**Hobe Sound**

**FL**

Zip Code  
**33455**

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

**2/25/04**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COX, JACK S  
4400 PGA BLVD SUITE 201  
PALM BEACH GARDENS FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Cox, Jack S.  
9002 SE Bridge Road  
Hobe Sound FL 33455** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

**Jack S. Cox**

**2/25/04**

Date

**772-545-7650**

Daytime Phone #