

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90017 018 \*\*\*150.00

DOCUMENT # P94000048093

1. Entity Name

JACK SCHRAMM COX, P.A.



Principal Place of Business  
9002 SE BRIDGE RD.  
HOBE SOUND FL 33455  
US

Mailing Address  
9002 SE BRIDGE RD.  
HOBE SOUND FL 33455  
US



2. Principal Place of Business - No P.O. Box #

11450 SE DIXIE HIGHWAY

Suite, Apt. #, etc.  
SUITE 104

City & State  
HOBE SOUND, FL

Zip  
33455

Country  
USA

3. Mailing Address

11450 SE DIXIE HIGHWAY

Suite, Apt. #, etc.  
SUITE 104

City & State  
HOBE SOUND, FL

Zip  
33455

Country  
USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0501765

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COX, JACK S  
9002 SE BRIDGE RD.  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name COX, JACK S

Street Address (P.O. Box Number is Not Acceptable)

11450 SE DIXIE HIGHWAY

SUITE 104

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 P  
NAME COX, JACK S ☐ Delete  
STREET ADDRESS 9002 SE BRIDGE RD.  
CITY- ST- ZIP HOBE SOUND FL 33455

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME COX, JACK S  
STREET ADDRESS 11450 SE DIXIE HIGHWAY, SUITE 104  
CITY- ST- ZIP HOBE SOUND, FL 33455

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

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

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

3/8/07

772-545-9026

Daytime Phone #