

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

3. Mailing Address
11450 SE DIXIE HIGHWAY
 Suite, Apt. #, etc.
SUITE 104

1st MOORE CR2E034 (10/06)

City & State
HOBE SOUND, FL
 Zip
33455
 Country
USA

City & State
HOBE SOUND, FL
 Zip
33455
 Country
USA

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	COX, JACK S	9002 SE BRIDGE RD.	HOBE SOUND FL 33455	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	COX, JACK S	11450 SE DIXIE HIGHWAY, SUITE 104	HOBE SOUND, FL 33455	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **3/8/07** **772-545-9026**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #