2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000081771

1. Entity Name
COX VENTURES V, INC.

Principal Place of Business	Mailing Address
4424 COMMONS DR. DESTIN, FL 32541 US	P.O. BOX 17129 PENSACOLA, FL 32522-7129 US

DO NOT WRITE IN THIS SPACE

03132007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3351718	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COX, CHAN E
4045 LAUREN COURT
DESTIN, FL 32541

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	MONTGOMERY, ROBERT B	
STREET ADDRESS	3701 CYLON DR	
CITY-ST-ZIP	GULF BREEZE, FL	
TITLE	VPSD	
NAME	COX, CHAN E	U00000675137
STREET ADDRESS	4045 LAUREN COURT	03/30/07-80007-012 150.00
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		
NAME		
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NAME		**DO NOT WRITE**
STREET ADDRESS		**IN THIS SPACE**
CITY-ST-ZIP		
TITLE		
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 Chapter 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: _____ ROBERT MONTGOMERY 3/19/2007 850-429-1210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #