
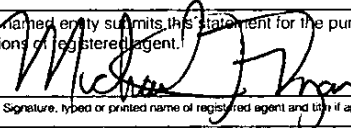



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90085 032 ***150.00

DOCUMENT # P95000084493 1. Entity Name FOXCOMP, INC.					
Principal Place of Business 1223 DEERWOOD DRIVE DESTIN, FL 32550 US			Mailing Address 1223 DEERWOOD DRIVE DESTIN, FL 32550 US		
2. Principal Place of Business 15124 PRINCEWOOD LN Suite, Apt. #, etc.		3. Mailing Address 15124 PRINCEWOOD LN Suite, Apt. #, etc.			
City & State LAND O' LAKES, FL		City & State LAND O' LAKES, FL		4. FEI Number 65-0624312	
Zip 34638		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWEN, DAVID A 1221 AIRPORT RD #208 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Michael J. Ryan Street Address (P.O. Box Number is Not Acceptable) 8211 S.R. 52 City Hudson FL Zip Code 34667		
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  MICHAEL J. RYAN DATE 2-2-05 <small>Signature, typed or printed name of registered agent and valid if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P FOX, OAKLEY M 1223 DEERWOOD DRIVE DESTIN, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, OAKLEY M. 15124 PRINCEWOOD LN. LAND O' LAKES, FL 34638	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> 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:  OAKLEY M. FOX 2/3/05 813-996-7676 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					