


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 07, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000004967 1. Entity Name BARBARA SLOAN/COX PRODUCTIONS, INC.	
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Principal Place of Business 3000 RIVER HILLS TERR MIDLOTHIAN, VA 23113-3603	Mailing Address 3000 RIVER HILLS TERR MIDLOTHIAN, VA 23113-3603
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01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0643993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DENES, GREG ESQ 6100 SW 76TH STREET MIAMI, FL 33143
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, BARBARA S 3000 RIVER HILLS TERR. MIDLOTHIAN, VA 231133603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, DONALD JR. 3000 RIVER HILLS TERR. MIDLOTHIAN, VA 231133603
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U00000424241  
02/18/06-80040-005 150.00

**DO NOT WRITE  
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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: Barbara Sloan Cox 1-30-06 804 897 9811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #