


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000034717
1. Entity Name
COX AND ROUSE, P.A.



Principal Place of Business
240 LOOKOUT PLACE
MAITLAND, FL 32751 US

Mailing Address
240 LOOKOUT PLACE
MAITLAND, FL 32751 US



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3374956

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
COX, PAMELA J
240 LOOKOUT PLACE
MAITLAND, FL 32751

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

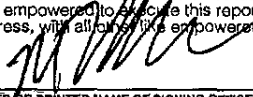
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROUSE, MICHAEL D 240 LOOKOUT PLACE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, PAMELA J 240 LOOKOUT PLACE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/21/05-80047-004 158.75

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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 persons fully empowered.

SIGNATURE:  DATE: 1/13/05 DAYTIME PHONE #: 407-614-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR