2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachm

SIGNATURE:

Feb 26, 2005 08:00 AM DOCUMENT # P96000077447 **Secretary of State** 1. Entity Name YOX, INC. Principal Place of Business Mailing Address 6575 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429 US 6575 W, GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0697140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOX, DALE R Street Address (P.O. Box Number is Not Acceptable) 6575 W. GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429 Zip Code 8. The above named entity submitts 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. Change HILLE Defete TITLE YOX, DALE R NAME NAME U00000244124 02/26/05-80008-003 150.00 STREET ADDRESS 6575 W. GULF TO LAKE HIGHWAY STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 CITY-ST-ZIP ☐ Change TITLE ☐ Delete DUE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-JIP ☐ Addition liftE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY ST-71P ☐ Change ☐ Addition Delete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete MN E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CHY SI-ZIP 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.

SIGNING OFFICER OR DIRECTOR

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