2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2004 08:00 AM Secretary of State

DOCUMENT	# P97000077976	
DOCOMENT	# 691000011910	

1. Entity Name COX COUNSELING CENTER, INC.

Principal Place of Business 840 ANCHOR RODE DR NAPLES, FL 34103 Mailing Address 840 ANCHOR RODE DR NAPLES, FL 34103



DO NOT WRITE IN THIS SPACE

 02092004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, JOE B 840 ANCHOR RODE DR NAPLES, FL 34103

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							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu	•		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS COX, JUSTYNA 671 PORTSIDE DRIVE NAPLES, FL 34103					U00000052271 02/16/04-80086-003 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		11 850			IN .	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	15						
12. I hereby certify that the information supplied with this filling 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 11 if changed, or on an attachment with an address, with all other like empowered.							