


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000070778  
 1. Entity Name  
 LENOX CAPITAL CORPORATION



Principal Place of Business: 1301 RIVERPLACE BLVD, SUITE 1840 JACKSONVILLE, FL 32207  
 Mailing Address: 1301 RIVERPLACE BLVD, SUITE 1840 JACKSONVILLE, FL 32207

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3527331 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TYRE, WARREN A  
 1301 RIVERPLACE BLVD, SUITE 1840  
 JACKSONVILLE, FL 32207

**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: \_\_\_\_\_

**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	D
NAME	TYRE, WARREN A
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 1840
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	COLLINS, JEFFREY H
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 1840
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000185578  
 01/21/05-80021-010 150.00

**DO NOT WRITE IN THIS SPACE**

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 reports 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 any address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 1-18-07 Daytime Phone #: 9043985100