


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 10, 2006 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**



01122006 No Chg-P CR2E034 (11/05)

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

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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 \_\_\_\_\_ 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, 2006 Fee will be \$550.00**

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

110000462588  
03/21/06-80039-022 150.00

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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:  Warren A. Tyre 3/2/06 904-398-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #