


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90051 021 ***158.75

DOCUMENT # P98000099084	
1. Entity Name FOXX RUN MANAGEMENT, INC.	

Principal Place of Business 1832 HARDEN BLVD. LAKELAND, FL 33803	Mailing Address P.O. BOX 90427 LAKELAND, FL 33804-0427
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50017277



2. Principal Place of Business 1137 US 98 South	3. Mailing Address
Suite, Apt. #, etc. 204	Suite, Apt. #, etc.

02092005 Chg-P CR2E034 (10/03)

City & State LAKELAND, FLORIDA	City & State
Zip 33801	Country

4. FEI Number 59-3543221	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

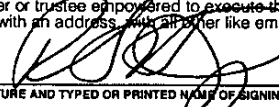
6. Name and Address of Current Registered Agent HARMAN, RICHARD A JR. 1832 HARDEN BLVD. LAKELAND, FL 33803	
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7. Name and Address of New Registered Agent Name HARMAN, RICHARD A JR Street Address (P.O. Box Number is Not Acceptable) 1137 US 98 South - 5001 SUITE 204 City LAKELAND FL Zip Code 33801	
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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 2/10/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HARMAN, RICHARD A JR. 1832 HARDEN BLVD. LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition US 98 South, Suite 204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D HARMAN, ANN P 931 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: 	Date 2/10/05 Daytime Phone # 863-682-3699