

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # P98000101322

1. Entity Name
PASSMORE & COX, INC.



Principal Place of Business
3129 49TH ST.,NORTH
ST. PETERSBURG, FL 33710

Mailing Address
3129 49TH ST.,NORTH
ST. PETERSBURG, FL 33710



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3545733 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASSMORE, WARD
3129 49TH ST.,NORTH
ST. PETERSBURG, FL 33710

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME COX, JOHN
STREET ADDRESS 3129 49TH ST N
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE S
NAME PASSMORE, DAVID
STREET ADDRESS 3129 49THS T N
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1-20-08 (127)
522-9001