2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # P9900004084 1. Entity Name SOX DEVELOPMENT, INC.					Secretary of State				
Principal Place	of Business	Mailing Address	Mailing Address						
14565 EAGLE RIDGE DRIVE		14565 EAGLE RIDGE DRIVE FORT MYERS, FL 33912 US							
Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102005	Chg-P	CR2E034 (10/03)			
City & State		City & State		4. FEI Number 65-0891.	532		plied For It Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired	S8.75 Add Fee Require		
Name and Address of Current Registered Agent					7. Name and A	ddress of New F	Registered Agent		
SCHECHT	NEIL S			Name	Name				
SCHECHT, NEIL S 2909 W. BAY TO BAY BLVD. PH TAMPA, FL 33629				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip Cod	e	
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 relinitiating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	ÖFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSHER, ROBERT M 14770 SOARING EAGLE COUR FT, MYERS, FL 33912	☐ Delete		j		000 00 05/03/05	□ Change 0352873 -80044-021 19	Addition Addition	
ITILE	DST Delete		TITL	E			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GARCZYNSKI, STANLEY J 14565 EAGLE RIDGE DRIVE FT. MYERS, FL 33912	-	- 1	EET AOORESS - ST-ZIP					
TITLE NAME		☐ Delete	TITL NAM	I			Change	Addition	
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CITY+ST-ZIP				(-SY-ZIP					
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 truetee empowered to execute this report applications. On, Florida Statutes; and that my name appears in Block 10 or Block 11 if									

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V. Present