2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011032

Entity Name: FOX MANAGEMENT SERVICES INC.

6255 MAPLEWOOD DRIVE

NEW PORT RICHEY, FL 346534737

Address:

City-St-Zip:

FILED Jan 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6255 MAPLEWOOD DR. NEW PORT RICHEY, FL 346534737 **Current Mailing Address: New Mailing Address:** 6255 MAPLEWOOD DR. NEW PORT RICHEY, FL 346534737 FEI Number: 59-3558408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LISKA, WILLIAM R 6255 MAPLEWOOD DRIVE NEW PORT RICHEY, FL 34653 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LISKA, WILLIAM R Name: Name: 6255 MAPLEWOOD DRIVE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 346534737 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: LISKA, SHIRLEY V Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. LISKA CP 01/03/2005