2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P99000046362 1. Entity Name GLOBAL FOX FINANCIAL, INC. Principal Place of Business 4211 PLEASANT RD FORTMILL, SC 29708 ANNUAL REPORT Mailing Address P.O. BOX 188 FORT MILL, SC 29716

FILED Apr 26, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3571025 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DERRICK 112 E 3RD CT PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

			IN THIS STAGE		
	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typod or printed name of registered agent and title i	Tappficable (NOTE Registered	Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000128361 04/26/04-80035-020 150.00
10.	OFFICERS AND DIREC	TORS		<u></u>	· · · · · · · · · · · · · · · · · · ·
HITLE NAME STREET ADDRESS CATY-ST-ZIP	PT VOLDBARK, JENS 4211 PLEASANT FORT MILL, SC 29708				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRAY, A. VICTOR 401 SOUTH TRYON ST. STE 2600 CHARLOTTE, NC 282021935				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME SIREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with this fill on this report or supplemental report is true a	ling does not qualify for the exer and accurate and that my signat	mption state ure shall ha	d in Section 119.07(3) ve the same legal effector 507. Florido Statut	(i), Florida Statutes, I further certify that the information ict 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2004 863-548-3653