

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90006 039 \*\*\*150.00

**DOCUMENT # P99000049303**

1. Entity Name

MICHELLE COX SERVICES, INC.



Principal Place of Business

HAIR AUCTION  
907 W DIXIE AVE  
LEESBURG FL 34748

Mailing Address

35910 UNITY DRIVE  
FRUITLAND PARK FL 34731

2. Principal Place of Business

Marlene's Salon

3. Mailing Address

35910 Unity Dr

Suite, Apt. #, etc.

107 E. Lady Lake Blvd

Suite, Apt. #, etc.

City & State

Lady Lake, FL

City & State

Fruitland Park, FL

Zip

32159

Country

Lake

Zip

34731

Country

Lake

4. FEI Number

59-3590975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COX, MICHELLE A  
35910 UNITY DRIVE  
FRUITLAND PARK FL 34731

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME COX, MICHELLE A  
STREET ADDRESS 35910 UNITY DRIVE  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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 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:

*Michelle A. Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-21-04/325160720

TO whom it may concern:

I called and talked to someone  
the lady said that since I had  
not received the annual report  
in the mail (because I have moved  
to a new address.) to make the  
check for \$150<sup>00</sup> - If you have  
any questions please call me  
at 352-5160720

Attachment

Thank you  
Michelle Cox

57065712  
#P99000049303