

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03529

FILED  
Jan 15, 2004  
Secretary of State

Entity Name: CYNTHIA L. COX, P.A.

## Current Principal Place of Business:

P O BOX 3684  
VERO BEACH, FL 32964 US

## New Principal Place of Business:

P O BOX 643684  
VERO BEACH, FL 32964 US

## Current Mailing Address:

PO BOX 3684  
VERO BCH, FL 32964 US

## New Mailing Address:

PO BOX 643684  
VERO BEACH, FL 329643684 US

FEI Number: 65-0308231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COX, CYNTHIA L  
2000 16TH AVE SUITE 384  
VERO BEACH, FL 32960 US

## Name and Address of New Registered Agent:

COX, CYNTHIA L  
218 SOUTH SECOND STREET  
FORT PIERCE, FL 34950 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:

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: COX, CYNTHIA L.,  
Address: PO BOX 3684 N/A  
City-St-Zip: VERO BCH, FL 32964

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: COX, CYNTHIA L  
Address: PO BOX 643684  
City-St-Zip: VERO BCH, FL 32964 US

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: CYNTHIA L.. COX

P

01/15/2004

Electronic Signature of Signing Officer or Director

Date