2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V19934

I, Entity Name

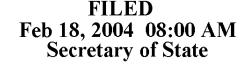
FOX FAMILY PROPERTIES, INC.



Principal Place of Business

FOX FAMILY PROPERTIES INC 1540 S ATLANTIC AVE COCOA BEACH, FL 32931 Mailing Address

FOX FAMILY PROPERTIES INC 1540 S ATLANTIC AVE COCOA BEACH, FL 32931





O NOT WRITE IN THIS SPACE

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3112859	 	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BURKE, MATTHEW T CPA 503 N ORLANDO AVE, SUITE 106 COCOA BEACH, FL 32931

SIGNATURE:

DO NOT WRITE IN THIS SPACE

lice F. Fox 2-16-04 (32)

SIGNATURE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Financ Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	U00000055876 02/18/04-80022-001 150.00	
10.	OFFICERS AND DIREC	TORS	S THE STATE OF THE SAME	ter e vide e medicina accommentación		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FOX, ALICE F. 1540 S ATLANTIC AVE COCOA BEACH, FL 32931					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, W. EDWARD 1540 S ATLANTIC AVE COCOA BEACH, FL 32931		استا چىسە ئىدىدى ب دىنى دارىسى دارىدى	The second secon	nance was the second of the se	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FOX, JOEL W. 1540 S ATLANTIC AVE COCOA BEACH, FL 32931		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	PST FOX, ALICE F. 225 NORTH ATLANTIC AVE COCOA BEACH, FL	:		in in in	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 path; 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.						

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