

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90017 006 ***150.00

DOCUMENT # V19934 1. 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	
2. Principal Place of Business 1219 Meadow Lake Rd Suite, Apt. #, etc.		3. Mailing Address 1219 Meadow Lake Rd. Suite, Apt. #, etc.	
City & State Rockledge, FL Zip 32955		City & State Rockledge, FL Zip 32955	
Country Brevard		Country Brevard	
4. FEI Number 59-3112859		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PSTD FOX, Ryan 1219 Meadow Lake Rd. Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FOX, W. EDWARD 1540 S ATLANTIC AVE COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FOX, JOEL W. 1540 S ATLANTIC AVE COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST FOX, ALICE F. 225 NORTH ATLANTIC AVE COCOA BEACH, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/8/6 Daytime Phone # (321) 591-3470	