

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90019 013 \*\*\*150.00

<b>DOCUMENT # V19934</b>	
1. Entity Name <b>FOX FAMILY PROPERTIES, INC.</b>	



Principal Place of Business <b>1219 MEADOW LAKE RD ROCKLEDGE, FL 32955</b>	Mailing Address <b>1219 MEADOW LAKE RD ROCKLEDGE, FL 32955</b>
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2. Principal Place of Business - No P.O. Box # <b>1540 S ATLANTIC AVE</b>		3. Mailing Address <b>1540 S ATLANTIC AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Cocoa Beach FL</b>		City & State <b>Cocoa Beach FL</b>	
Zip <b>32931</b>	Country <b>Brevard</b>	Zip <b>32931</b>	Country <b>Brevard</b>

400000



02092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3112859</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BURKE, MATTHEW T CPA 503 N ORLANDO AVE, SUITE 106 COCOA BEACH, FL 32931</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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, which shall be like empowered.

SIGNATURE: _____	2/26/07	321 591-3470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #