


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90035 009 ***150.00

DOCUMENT # V19934	
1. Entity Name FOX FAMILY PROPERTIES, INC.	

Principal Place of Business 1540 S. ATLANTIC AVE COCOA BEACH, FL 32931	Mailing Address 1540 S. ATLANTIC AVE COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent BURKE, MATTHEW T CPA 503 N ORLANDO AVE, SUITE 106 COCOA BEACH, FL 32931	
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7. Name and Address of New Registered Agent Name MATTHEW T. BURKE CPA Street Address (P.O. Box Number is Not Acceptable) Cape Royal Office Building Suite 707 City 1980 N. Atlantic Avenue FL Zip Code Cocoa Beach, FL 32931-3275	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the Secretary of State, and accept the obligations of registered agent. SIGNATURE <i>Matthew T. Burke</i> CPA DATE 2/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FOX, RYAN 1219 MEADOW LAKE RD ROCKLEDGE, FL 32955 <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, with all other like empowered.

SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/15/08	Daytime Phone # 321-551-3470
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