

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90399 007 ***150.00

DOCUMENT # V62173

1. Entity Name

COX ELECTRICAL SERVICES, INC.



Principal Place of Business

665 LINVILLE FALLS DR.
WESTMELBOURNE FL 32904
US

Mailing Address

665 LINVILLE FALLS DR.
WESTMELBOURNE FL 32904
US

2. Principal Place of Business

1508 Auburn Lakes Dr

Suite, Apt. #, etc.

3. Mailing Address

1508 Auburn Lakes Dr

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

VIERA FLORIDA

Zip
32955

Country
US

City & State

VIERA FLORIDA

Zip
32955

Country
US

4. FEI Number

59-3141297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, GEORGE D
665 LINVILLE FALLS DR.
WESTMELBOURNE FL 32904

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 GEORGE D. COX PRES. George D. Cox 3/26/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
COX, GEORGE D
665 LINVILLE FALLS DR.
WESTMELBOURNE FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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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 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: George D. Cox GEORGE D. COX PRES 3/26/04 321-258-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #