


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 324730	
1. Entity Name R.A. NIXON COMPANY	

Principal Place of Business 1680 14TH AVE VERO BEACH, FL 32960 US	Mailing Address 1680 14TH AVE. VERO BCH, FL 32960 US
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1203305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOULD COOKSEY FENNELL & APPLEBY 3223 OCEAN DR VERO BEACH, FL 32960

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IN THIS SPACE

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 _____

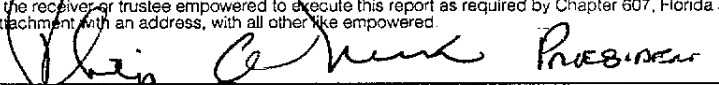
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIXON, PHILIP A 7511 37TH ST. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIXON, PHILIP A. JR. 1725 LAGOON LANE SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NIXON, DONNA D 7511 37TH ST. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, CYNTHIA D 1725 LAGOON LANE SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

U00000352723
05/03/05-80040-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **President** 48905 772562-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #