

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 400816	
1. Entity Name MIXON DIVERSIFIED, INC	

Principal Place of Business 2708 MAGNOLIA AVE. LAKELAND FL 33813	Mailing Address P.O. BOX 5785 LAKELAND FL 33807 US
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-1634633	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent PITTS, EUBANKS, ROSS & RUMBERGER 605 E. ROBINSON ORLANDO FL 32802	
---	--

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 _____ DATE _____
Signature, typed or printed name of the registered agent and state if applicable. (NOTE: Registered Agent's signature required when not filing by electronic means.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	☐ Delete
NAME	PD
STREET ADDRESS	MIXON, WILLIAM A
CITY-ST-ZIP	2708 MAGNOLIA AVE. LAKELAND FL
TITLE	☐ Delete
NAME	TD
STREET ADDRESS	MIXON, AMELIA J
CITY-ST-ZIP	2708 MAGNOLIA AVE. LAKELAND FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	U00000902900
STREET ADDRESS	04/30/08-80024-015 150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William A. Mixon* (William A. Mixon) **4/10/08 8636441234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR