

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 555987

1. Entity Name

JIM MIXON INSURANCE, INC.



Principal Place of Business

5412 MARINA DRIVE
HOLMES BEACH, FL 34217 US

Mailing Address

5412 MARINA DRIVE
HOLMES BEACH, FL 34217 US



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1783015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIXON, JIM
520 77TH STREET
HOLMES BEACH, FL 34217

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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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000409515
02/08/06-80101-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIXON, JIM
STREET ADDRESS	520 77TH STREET
CITY-ST-ZIP	HOLMES BEACH, FL
TITLE	STD
NAME	MIXON, PATRICIA T.
STREET ADDRESS	520 77TH STREET
CITY-ST-ZIP	HOLMES BEACH, FL
TITLE	VP
NAME	MIXON, MARK C
STREET ADDRESS	213 84TH STREET
CITY-ST-ZIP	HOLMES BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark C. Mixon **MARK C. MIXON** 1/10/06 (941) 778-2253