

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90112 036 \*\*\*163.75

**DOCUMENT # 555987**  
 1. Entity Name  
**JIM MIXON INSURANCE, INC.**



Principal Place of Business      Mailing Address  
**5412 MARINA DRIVE**      **5412 MARINA DRIVE**  
**HOLMES BEACH, FL 34217 US**      **HOLMES BEACH, FL 34217 US**

**60002939**



01122007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1783015</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**  
**MIXON, JIM**  
**520 77TH STREET**  
**HOLMES BEACH, FL 34217**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**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	PD MIXON, JIM 520 77TH STREET HOLMES BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MIXON, PATRICIA T. 520 77TH STREET HOLMES BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIXON, MARK C 213 84TH STREET HOLMES BEACH, FL
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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:** *Patricia T. Mixon* *Patricia T. Mixon* *Jan 1-12-07* *94-1782253*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #