## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 555987** 

213 84TH STREET

HOLMES BEACH, FL

Address: City-St-Zip:

Entity Name: JIM MIXON INSURANCE, INC.

FILED Jan 04, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	INA DRIVE BEACH, FL 342	17 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	INA DRIVE BEACH, FL 342	17 US			
FEI Number	: 59-1783015	FEI Number Applied For	( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of Cu	ırrent Registered Age	ent: Name and Address o	Name and Address of New Registered Agent:	
The above	STREET BEACH, FL 342		or the purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Register	ed Agent	Date	
Election Car	mpaign Financing	Trust Fund Contribution (	).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () E MIXON, JIM, 520 77TH STREE HOLMES BEACH		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD ()E MIXON, PATRICIA 520 77TH STREE HOLMES BEACH	ET .	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VP () E MIXON, MARK C	Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PATRICIA MIXON SEC/ 01/04/2008