

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 555987

Entity Name: JIM MIXON INSURANCE, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

5412 MARINA DRIVE
HOLMES BEACH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

5412 MARINA DRIVE
HOLMES BEACH, FL 34217 US

New Mailing Address:

FEI Number: 59-1783015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIXON, JIM,
Address: 520 77TH STREET
City-St-Zip: HOLMES BEACH, FL

Title: STD () Delete
Name: MIXON, PATRICIA T.,
Address: 520 77TH STREET
City-St-Zip: HOLMES BEACH, FL

Title: VP () Delete
Name: MIXON, MARK C
Address: 213 84TH STREET
City-St-Zip: HOLMES BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIXON, JIM,
Address: 520 77TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

Title: STD (X) Change () Addition
Name: MIXON, PATRICIA T.,
Address: 520 77TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

Title: VP (X) Change () Addition
Name: MIXON, MARK C
Address: 213 84TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

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.

SIGNATURE: JIM MIXON

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date