

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90052 004 ***150.00

DOCUMENT # F01000003054

1. Entity Name
NIX CONSTRUCTION COMPANY, INC.



Principal Place of Business
5001 SW STEPHENSON ST.
PORTLAND, OR 97219

Mailing Address
PO BOX 19013
PORTLAND, OR 97280-0013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172004

Chg-P

CR2E034 (10/03)

4. FEI Number

93-0692962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

NIX, CLINTON T
2650 TROPICANA BLVD. SUITE D - 6017 Pine Ridge Rd #167
NAPLES, FL 34110-34119

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

Signature, typed or printed name of registered agent and firm, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
PC
NIX, THOMAS C
5001 SW STEPHENSON ST.
PORTLAND, OR 97219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
NIX, CLINTON T
6017 PINE RIDGE RD #167
NAPLES, FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
NIX, CARLEY J
5001 SW STEPHENSON ST
PORTLAND, OR 97219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
NIX, DANIEL J
6017 PINE RIDGE RD., #159
NAPLES, FL 34105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
KNIGHT, KEVIN
5523-A 22ND PL S.W.
NAPLES, FL 34116 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

4/6/04