

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90042 023 ***158.50

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1. Entity Name

KEN NIX & ASSOCIATES, INC.

Principal Place of Business

700 DIVIDEND DR. SUITE 100A
PEACHTREE CITY GA 30269

Mailing Address

700 DIVIDEND DR. SUITE 100A
PEACHTREE CITY GA 30269

2. Principal Place of Business - No P.O. Box #

700 Dividend Drive

3. Mailing Address

700 Dividend Drive

Suite, Apt. #, etc.

Suite 100A

Suite, Apt. #, etc.

Suite 100A

City & State

Peachtree City GA

City & State

Peachtree City GA

Zip

30269

Country

USA

Zip

30269

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

58-2020474

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

Same

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 title if applicable

NOTE: Registered Agent signature required when reinstating.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME NIX, KEN ☐ Delete
STREET ADDRESS 200 ROBINSON DRIVE, SUITE A
CITY- ST- ZIP FAYETTEVILLE GA 30214

TITLE V
NAME DIAL, KIRK ☐ Delete
STREET ADDRESS 200 ROBINSON DRIVE, SUITE A
CITY- ST- ZIP FAYETTEVILLE GA 30214

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME ☐ Change ☐ Addition
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CITY- ST- ZIP

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CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ken Nix

2/5/07

7704600671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #