# 2007 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # G92537**

1. Entity Name
DAVID NIXON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2711 NW 6TH ST. #A | P. O. BOX 2902 |
| GAINESVILLE, FL 32609    US | GAINESVILLE, FL 32602    US |

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03272007    No Chg-P    CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 59-2377349 | Not Applicable |

5. Certificate of Status Desired ☐    **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

NIXON, C. DAVID
102 RIVERSIDE DR
SATSUMA, FL 32189

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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**<br>**After May 1, 2007 Fee will be $550.00** | 9. Election Campaign Financing ☐<br>Trust Fund Contribution. | **$5.00** May Be<br>Added to Fees | U00000684454<br>04/06/07-80034-005  150.00 |

| 10. | OFFICERS AND DIRECTORS | |
|---|---|---|
| TITLE | V | |
| NAME | NIXON, C. DAVID | |
| STREET ADDRESS | 102 RIVERSIDE DR | |
| CITY-ST-ZIP | SATSUMA, FL 32189 | |
| TITLE | PTS | |
| NAME | NIXON, BARBARA C. | |
| STREET ADDRESS | 11025 NW 60 DR | |
| CITY-ST-ZIP | ALACHUA, FL 32615 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
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| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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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: _____  BARBARA C. NIXON  3/28/07  352-372-7372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    PRESIDENT    Date    Daytime Phone #