

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # G98249 1. Entity Name NIXON FUNERAL SERVICE, INC. | | | | | |
| Principal Place of Business 425B W. DANIA BEACH BLVD. P. O. BOX 1816 DANIA FL 33004 | | | Mailing Address 425B W. DANIA BEACH BLVD. P. O. BOX 1816 DANIA FL 33004 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-2399009 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent INMAN, ROBERT J 4428 WORTHINGTON CIRCLE PALM HARBOR FL 34685 | | | 7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NIXON, JERROLD R. 500 N. E. 2ND ST. #419 DANIA, FL 33004 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U000000424167 02/18/06-80037-017 158.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD INMAN, ROBERT J. 4428 WORTHINGTON CIRCLE PALM HARBOR FL 34685 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD NIXON, MARILYN 3829 DARSTON STREET PALM HARBOR FL 34685 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| 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: JERROLD R. NIXON, PRES FEB. 1, 2006 954-922-5102 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |