

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H75188

1. Entity Name

J. BIXLER CONN AND ASSOCIATES, INC.



**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

1173 BENJAMIN CHAIRES  
TALLAHASSEE FL 32317  
US

Mailing Address

1173 BENJAMIN CHAIRES  
TALLAHASSEE FL 32317  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2579411

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

BIXLER CONN, JANE  
1151 BENJAMIN CHAIRES RD  
TALLAHASSEE FL 32317

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

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                                    |
|-----------------|------------------------------------|
| TITLE           | DP <input type="checkbox"/> Delete |
| NAME            | BIXLER CONN, JANE                  |
| STREET ADDRESS  | 1151 BENJAMIN CHAIRES RD           |
| CITY - ST - ZIP | TALLAHASSEE FL 32317               |
| TITLE           | <input type="checkbox"/> Delete    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           | <input type="checkbox"/> Delete    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           | <input type="checkbox"/> Delete    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           | <input type="checkbox"/> Delete    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           | <input type="checkbox"/> Delete    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  | 1100000277292   |
| CITY - ST - ZIP | 03/26/05-80020-021 150.00   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

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 #

3/25/05 850 545 5738