2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H75188

1. Entity Name

J. BIXLER CONN AND ASSOCIATES, INC.

US



FILED Mar 10, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1173 BENJAMIN CHAIRES TALLAHASSEE, FL 32317 1173 BENJAMIN CHAIRES

TALLAHASSEE, FL 32317 US



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) No Chg-P 01092008

4. FEI Number		Applied For
59-2579411	ſ	Not Applicable
5. Certificate of Status Desired		5 Additional

6. Name and Address of Current Registered Agent

BIXLER CONN, JANE 1151 BENJAMIN CHAIRES RD TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE

B. The above named entity submiss his statement for the purpose of changing its registered agent or both, in the State of Floride. Lam familiar with, and accept the obligations of registered agent. SIGNATURE File Now; File S150.00 P. Election Campaign Financing Trust Fund Contribution S9. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees V3.726.VS-80055-011 150.00		•						
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution 10. OFFICERS AND DIRECTORS III.E DP MAKE SIREL ADDRESS CITY-SI-2IP III.E SIREL ADDRESS CITY-SI-2IP III.E SIREL ADDRESS CITY-SI-2IP III.E SIREL ADDRESS CITY-SI-2IP III.E NAME SIREL ADDRESS CITY-SI-2IP III.E	the obligat	ions of registered agent.				th, in the State of Florida		∍pt
ITILE NAME BIXLER CONN, JANE BIXLER CONN, JANE STREET ADDRESS TALLAHASSEE, FL 32317	FILE NOWI!! FEE IS \$150.00 9. Election Campaign Finar		ancing	cing _ \$5.00 May Be		53115 0056-011 150.00		
NAME SIREI ADDRESS CITY-SI-7P IIILE NAME SIREI ADDRESS	10.	OFFICERS AND DIREC	TORS		t			
SIREI ADDRESS CITY-SI-2P TALLAHASSEE, FL 32317 IIILE NAME SIREI ADDRESS CITY-SI-2IP IIILE NAME SIREI ADDRESS CITY-SI-2P IIILE NAME SIREI ADDRESS CITY-SI-2P IIILE NAME SIREI ADDRESS CITY-SI-2P	TITLE			•				
CITY-ST-ZIP TILLE NAME SIREE ADDRESS CITY-ST-ZIP NAME SIREE ADDRESS CITY-ST-ZIP		BIXLER CONN, JANE			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						•		
NAME STREET ADDRESS CLIV'-ST-ZIP TITLE NAME STREET ADDRESS CLIV'-ST-ZIP		TALLAHASSEE, FL 32317					• .	
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				•	•			
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP						,		
TITLE NAME SIREET ADDRESS CITY - ST - ZIP TITLE NAME SIREET ADDRESS CITY - ST - ZIP TITLE NAME SIREET ADDRESS CITY - ST - ZIP TITLE NAME SIREET ADDRESS CITY - ST - ZIP TITLE NAME SIREET ADDRESS CITY - ST - ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS						. 4		
NAME SIRECT ADDRESS CITY - ST - ZIP TITLE NAME SIRECT ADDRESS CITY - ST - ZIP TITLE NAME SIRECT ADDRESS CITY - ST - ZIP TITLE NAME SIRECT ADDRESS CITY - ST - ZIP TITLE NAME SIRECT ADDRESS CITY - ST - ZIP					•	A4		
SIRECT ADDRESS CITY ST-ZIP DO NOT WRITE IN THIS SPACE IN THIS SPACE STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS							•	
IN THIS SPACE	· -				5/0	NOT WO	·	
IN THIS SPACE	CITY - ST - ZIP				DO	NOI WR		
STREET ADDRESS CITY - ST- ZIP TITLE NAME STRELT ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	TITLE				, ,	*		
CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS	NAME				IIN	I LIO OLA	ICE ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	STREET ADDRESS				`.` .			
NAME STREET ADDRESS CITY - S1-ZIP TITLE NAME STREET ADDRESS	CITY - ST - ZIP				•			
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS					* 4	•	•	
CITY-S1-ZIP TITLE NAME STREET ADDRESS							•	
TITLE NAME STREET ADDRESS							• `	
NAME SIREEF ADDRESS				_	•	,	•	
STREET ADDRESS								
					*	•		
	CITY-ST-ZIP						,	

12. Thereby certify that the information supplied with this filling 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.

SIGNATURES