


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-02-2004 90068 016 ***150.00

DOCUMENT # H77808
 1. Entity Name
LAWRENCE J. NIXON, P.A.



Principal Place of Business
444 SEABREEZE BLVD #435 DAYTONA BEACH FL 32118

Mailing Address
444 SEABREEZE BLVD #435 DAYTONA BEACH FL 32118

2. Principal Place of Business
444 SEABREEZE BLVD #730

3. Mailing Address
444 SEABREEZE BLVD #730

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

Zip
32118

Country
USA

Zip
32118

Country
USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**NIXON, LAWRENCE J.
 444 SEABREEZE BLVD
 STE 435
 DAYTONA BEACH FL 32118**

4. FEI Number **59-2581977**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
NIXON, LAWRENCE J.

Street Address (P.O. Box Number is Not Acceptable)
444 SEABREEZE BLVD #730

City
DAYTONA BEACH

State
FL

Zip Code
32118

B. 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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	DP NIXON, LAWRENCE J. 444 SEABREEZE BLVD DAYTONA BEACH FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NIXON, LAWRENCE J. 444 SEABREEZE BLVD #730 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRIGGS, ANNA 444 SEABREEZE BLVD STE 435 DAYTONA BEACH FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRIGGS, ANNA 444 SEABREEZE BLVD #730 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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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"/> Addition

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: *Anna Briggs* *Anna Briggs* *4/14/04* *386 258-0286*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #