


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # K65948 1. Entity Name NOXON COMPANY	
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Principal Place of Business 1200 S PINE ISLAND ROAD PLANTATION, FL 33324	Mailing Address 821 HASTINGS ST STE 8 TRAVERSE CITY, MI 49686 US
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07192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0096858	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOAGLAND, JAMES H. 134 LIGHTHOUSE ROAD HUBBARDS NS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOAGLAND, SHARON N. 134 LIGHTHOUSE ROAD HUBBARDS NS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOAGLAND, JOHN T. 8168 TAMARACK LANE MAPLE CITY, MI 49664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOAGLAND, NANCY L 24654 RODEO FLAT ROAD AUBURN, CA 95602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAGOUN, PETER R. 9888 PENINSULA DRIVE TRAVERSE CITY, MI 49686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAGOUN, ANNE H. 9888 PENINSULA DRIVE TRAVERSE CITY, MI 49686

000000374231  
 07/25/05-80001-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Anne H. Magoun Treasurer 7.19.05 231 941 1669  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #