


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K65948**  
 1. Entity Name  
**NOXON COMPANY**



Principal Place of Business  
**1200 S PINE ISLAND ROAD  
 PLANTATION, FL 33324**

Mailing Address  
**821 HASTINGS ST  
 STE 8  
 TRAVERSE CITY, MI 49686 US**

**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-P CR2E034 (11/05)  
 4. FEI Number **65-0096858** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOAGLAND, JAMES H.
STREET ADDRESS	134 LIGHTHOUSE ROAD
CITY-ST-ZIP	HUBBARDS NS, CA
TITLE	DS
NAME	HOAGLAND, SHARON N.
STREET ADDRESS	134 LIGHTHOUSE ROAD
CITY-ST-ZIP	HUBARDS NS, CA
TITLE	DP
NAME	HOAGLAND, JOHN T.
STREET ADDRESS	6168 TAMARACK LANE
CITY-ST-ZIP	MAPLE CITY, MI 49664
TITLE	D
NAME	HOAGLAND, NANCY L
STREET ADDRESS	24654 RODEO FLAT ROAD
CITY-ST-ZIP	AUBURN, CA 95602
TITLE	DV
NAME	MAGOUN, PETER R.
STREET ADDRESS	9888 PENINSULA DRIVE
CITY-ST-ZIP	TRAVERSE CITY, MI 49686
TITLE	STD
NAME	MAGOUN, ANNE H.
STREET ADDRESS	9888 PENINSULA DRIVE
CITY-ST-ZIP	TRAVERSE CITY, MI 49686

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **3-31-06** Daytime Phone # **231-932-1921**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR