


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 A
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



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0096858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

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 HUBARDS NS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOAGLAND, JOHN T. 6168 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

DO NOT WRITE IN THIS SPACE

U00000677493
03/30/07-80106-012 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne H Magoun ANNE H MAGOUN 3/21/07 231 941-1669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #