## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K65948

**Entity Name: NOXON COMPANY** 

Apr 28, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1200 S PINE ISLAND ROAD PLANTATION, FL 33324

**Current Mailing Address: New Mailing Address:** 

821 HASTINGS ST STE 8

TRAVERSE CITY, MI 49686 US

FEI Number: 65-0096858 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

HOAGLAND, JAMES H. Name: 134 LIGHTHOUSE ROAD Address: City-St-Zip: HUBBARDS, NS B0J1T0

Title:

Name: HOAGLAND, SHARON N. 134 LIGHTHOUSE ROAD Address: HUBARDS, NS B0J1T0 City-St-Zip:

Title: DP

HOAGLAND, JOHN T. Name: 6168 TAMARACK LANE Address: City-St-Zip: MAPLE CITY, MI 49664

Title:

HOAGLAND, NANCY L Name: Address: 24654 RODEO FLAT ROAD City-St-Zip:

AUBURN, CA 95602

Title: DV

Name: MAGOUN, PETER R. 9888 PENINSULA DRIVE Address: City-St-Zip: TRAVERSE CITY, MI 49686

Title: STD

Name: MAGOUN, ANNE H. 9888 PENINSULA DRIVE Address: City-St-Zip: TRAVERSE CITY, MI 49686

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE H. MAGOUN SEC 04/28/2010