

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000042600
1. Entity Name
THE PIXLER GROUP, INC.



Principal Place of Business 215 S. OCEAN GRANDE DR. #104 PONTE VEDRA BEACH, FL 32082	Mailing Address 215 S. OCEAN GRANDE DR. #104 PONTE VEDRA BEACH, FL 32082
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DO NOT WRITE IN THIS SPACE



05052004 No Chg-P CR2E034 (10/03)

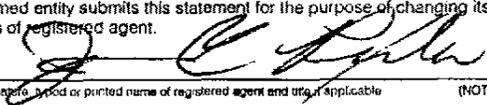
4. FEI Number 59-3719821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIXLER, JUNE C
215 S. OCEAN GRANDE DR.
#104
PONTE VEDRA BEACH, FL 32082

**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 office, if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIXLER, JUNE C PRESIDE 11721 WHITE BLUFF DRIVE SOUTH JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S PIXLER, FRANK R VICE PR 11721 WHITE BLUFF DRIVE SOUTH JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/04-80015-007 150.00

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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)(b), 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:  **904 333-1439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #