


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P01000042600</b> 1. Entity Name <b>THE PIXLER GROUP, INC.</b>	
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Principal Place of Business <b>215 S. OCEAN GRANDE DR. #104 PONTE VEDRA BEACH, FL 32082</b>	Mailing Address <b>215 S. OCEAN GRANDE DR. #104 PONTE VEDRA BEACH, FL 32082</b>
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05052004 No Chg-P CR2E034 (10/03)

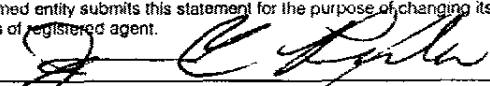
**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3719821</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>PIXLER, JUNE C 215 S. OCEAN GRANDE DR. #104 PONTE VEDRA BEACH, FL 32082</b>
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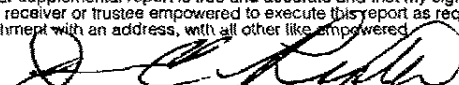
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  <b>SIGNATURE</b>  <small>Signature, typed or printed name of registered agent and office, if applicable (NOTE: Registered Agent signature required when re-registering)</small> <b>DATE</b>
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PIXLER, JUNE C PRESIDE 11721 WHITE BLUFF DRIVE SOUTH JACKSONVILLE, FL 32225</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S PIXLER, FRANK R VICE PR 11721 WHITE BLUFF DRIVE SOUTH JACKSONVILLE, FL 32225</b>
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05/10/04-80015-007 150.00

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.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>704 333-1439</b> <small>Date Daytime Phone #</small>
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