


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90042 020 ***150.00

DOCUMENT # P01000077726	
1. Entity Name R.G. MIXON COMPANY, INC.	

Principal Place of Business 13365 SW 208 ST. MIAMI FL 33177	Mailing Address 13365 SW 208 ST. MIAMI FL 33177
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 930 LAKE DRIVE EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State LAKE PLACID, FLORIDA	City & State LAKE PLACID, FLORIDA
Zip 33852	Country USA

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIXON, ROBERT G 13365 SW 208 ST. MIAMI FL 33177	7. Name and Address of New Registered Agent Name: Mixon, Robert G Street Address (P.O. Box Number is Not Acceptable): 930 LAKE DRIVE EAST City: LAKE PLACID FL Zip Code: 33852
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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.	
SIGNATURE: Robert G Mixon	DATE: Robert G Mixon

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: MIXON, ROBERT STREET ADDRESS: 13365 SW 208 ST. CITY- ST- ZIP: MIAMI FL 33177	<input type="checkbox"/> Delete	TITLE: PMIXON, Robert NAME: 930 LAKE DRIVE EAST STREET ADDRESS: LAKE PLACID, FL 33852 CITY- ST- ZIP: LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: MIXON, RICHARD STREET ADDRESS: 13365 SW 208 ST. CITY- ST- ZIP: MIAMI FL 33177	<input checked="" type="checkbox"/> Delete	TITLE: V NAME: Mixon, Linda S. STREET ADDRESS: 930 LAKE DRIVE EAST CITY- ST- ZIP: LAKE PLACID, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: Robert G Mixon	1-29-07	(863) 465 5472
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>