

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059494

Entity Name: SIXPAX INC.

FILED
Jul 02, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 9220
OCALA, FL 34479

New Principal Place of Business:

11 SE OCALE WAY
SUMMERFIELD, FL 34491

Current Mailing Address:

PO BOX 9220
OCALA, FL 34479

New Mailing Address:

FEI Number: 20-0088176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFFER, DANIEL
11 SE OCALE WAY
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAXSON, LUCINDA
Address: 11 SE OCALE WAY
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: PAXSON, TIM
Address: 11417 WINN RD
City-St-Zip: RIVERVIEW, FL 83569

Title: D () Delete
Name: PAXSON, TED
Address: PO BOX 3992
City-St-Zip: OCALA, FL 39929

Title: D () Delete
Name: PAXSON, JIM
Address: PO BOX 9220
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TED PAXSON

D

07/02/2007

Electronic Signature of Signing Officer or Director

Date