

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

04-22-2004 90025 029 ***150.00

DOCUMENT # P03000125324

1. Entity Name

MIXON MAINTENANCE & REMODELING INC.



Principal Place of Business

**2011 SUNNY LANE
NEW SMYRNA BEACH FL 32168**

Mailing Address

**2011 SUNNY LANE
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

2011 Sunny Lane
Suite, Apt. #, etc.

3. Mailing Address

2011 Sunny Lane
Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL
Zip **32168** Country **Volusia**

City & State

New Smyrna Beach, FL
Zip **32168** Country **Volusia**

4. FEI Number

20-0134643

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MIXON, CHERI
2011 SUNNY LANE
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Cheri Mixon

(NOTE: Registered Agent signature required when reappointing)

DATE

4-13-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DIRECTOR** ☐ Delete
NAME **MIXON, TIMOTHY**
STREET ADDRESS **2011 SUNNY LANE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **DIRECTOR** ☐ Delete
NAME **MIXON, CHERI**
STREET ADDRESS **2011 SUNNY LANE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Cheri Mixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-04

386-689-4149