

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90013 023 ***150.00

DOCUMENT # P05000113558

1. Entity Name
NIX HOME RESTORATION, INC.



Principal Place of Business
1539 NORTH PROSPECT AVENUE
LECANTO, FL 34461 US

Mailing Address
PO BOX 201
INVERNESS, FL 34451 US

40055376



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272007

Chg-P

CR2E034 (12/06)

4. FEI Number

29-0604521-20-3315555

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CEPARANO, JOHN
2450 NORTH CITRUS HILLS BOULEVARD
HERNANDO, FL FL

7. Name and Address of New Registered Agent

Name Jonathan Nix
Street Address (P.O. Box Number is Not Acceptable) 1539 N Prospect Ave
City Lecanto FL Zip Code 34461

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME NIX, JONATHAN M
STREET ADDRESS 1539 NORTH PROSPECT AVENUE
CITY-ST-ZIP LECANTO, FL 34461 ☐ Delete

TITLE VP/D
NAME NIX, PAMELA J
STREET ADDRESS 1539 NORTH PROSPECT AVENUE
CITY-ST-ZIP LECANTO, FL 34461 ☐ Delete

TITLE S/D
NAME NIX, CHARLES A
STREET ADDRESS 6515 EAST ANNA JO DRIVE
CITY-ST-ZIP INVERNESS, FL 34452 ☐ Delete

TITLE T/D
NAME NIX, CHARLES A
STREET ADDRESS POST OFFICE BOX 201
CITY-ST-ZIP INVERNESS, FL 34451 ☐ Delete

TITLE D
NAME NIX, SHEILA H
STREET ADDRESS POST OFFICE BOX 201
CITY-ST-ZIP INVERNESS, FL 34451 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #