

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113558

FILED
May 01, 2009
Secretary of State

Entity Name: NIX HOME RESTORATION, INC.

Current Principal Place of Business:

1539 NORTH PROSPECT AVENUE
LECANTO, FL 34461 US

New Principal Place of Business:

1539 N PROSPECT AVE
LECANTO, FL 34461 US

Current Mailing Address:

PO BOX 201
INVERNESS, FL 34451 US

New Mailing Address:

135 S CENTRAL AVENUE
INVERNESS, FL 34452 US

FEI Number: 20-3315553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIX, JONATHAN
1539 N. PROSPECT AVE
LECANTO, FL 34461 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: P/D () Delete
Name: NIX, JONATHAN M
Address: 1539 NORTH PROSPECT AVENUE
City-St-Zip: LECANTO, FL 34461 US

Title: VP/D () Delete
Name: NIX, PAMELA J
Address: 1539 NORTH PROSPECT AVENUE
City-St-Zip: LECANTO, FL 34461 US

Title: S/D () Delete
Name: NIX, CHARLES A
Address: 6515 EAST ANNA JO DRIVE
City-St-Zip: INVERNESS, FL 34452 US

Title: T/D () Delete
Name: NIX, CHARLES A
Address: POST OFFICE BOX 201
City-St-Zip: INVERNESS, FL 34451 US

Title: D () Delete
Name: NIX, SHEILA H
Address: POST OFFICE BOX 201
City-St-Zip: INVERNESS, FL 34451 US

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: T/D (X) Change () Addition
Name: NIX, CHARLES A
Address: 135 S CENTRAL AVENUE
City-St-Zip: INVERNESS, FL 34452 US

Title: D (X) Change () Addition
Name: NIX, SHEILA H
Address: 135 S CENTRAL AVENUE
City-St-Zip: INVERNESS, FL 34452 US

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: PAMELA NIX

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date