# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2006**
**Secretary of State**

DOCUMENT# P93000084097

**Entity Name:** MIXON'S CAR CITY, INC.

**Current Principal Place of Business:**

1663 EAST DUVAL ST.
LAKE CITY, FL 32055

**New Principal Place of Business:**

1710 EAST DUVAL STREET
LAKE CITY, FL 32055

**Current Mailing Address:**

1663 EAST DUVAL ST.
LAKE CITY, FL 32055

**New Mailing Address:**

1710 EAST DUVAL STREET
LAKE CITY, FL 32055

**FEI Number: 59-3220589** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MIXON, RALPH A
1663 EAST DUVAL STREET
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

MIXON, RALPH A
1710 EAST DUVAL STREET
LAKE CITY, FL 32055 US

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: _____ 04/24/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MIXON, RALPH A
Address: 3435 SW STATE ROAD 247
City-St-Zip: LAKE CITY, FL 320240791

Title: D ( ) Delete
Name: MIXON, MARTHA C
Address: 3435 SW STATE ROAD 247
City-St-Zip: LAKE CITY, FL 320240791

Title: D ( ) Delete
Name: WARNER, HARMON G
Address: 6266 175TH ROAD
City-St-Zip: LIVE OAK, FL 32060

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH A. MIXON D 04/24/2006
Electronic Signature of Signing Officer or Director — Date