


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000051915
1. Entity Name
MIKE NIXON CONSTRUCTION, INC.



Principal Place of Business 6114 NW 20TH ST. MARGATE, FL 33063	Mailing Address 6114 NW 20TH ST. MARGATE, FL 33063
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01312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0508891	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NIXON, MICHAEL D
6114 NW 20TH ST.
MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEES \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000134148
04/28/04-80006-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIXON, MICHAEL D. 6114 NW 20TH ST. MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NIXON, CHRISTOPHER 6114 NW 20TH ST. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NIXON, LEO D 6114 NW 20TH ST. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 recorder 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: *Michael D Nixon* 4/26/04 954/89-5244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*Michael Nixon
President*