


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000051915 1. Entity Name MIKE NIXON CONSTRUCTION, INC.	
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Principal Place of Business 6114 NW 20TH ST. MARGATE, FL 33063	Mailing Address 6114 NW 20TH ST. MARGATE, FL 33063
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**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0508891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

NIXON, MICHAEL D 6114 NW 20TH ST. MARGATE, FL 33063	<i>Out 5/1/06</i>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1100000407830  
02/08/06-80037-004 150.00

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael D. Nixon*  
Michael D. Nixon President

*1/28/06*

*954/969-5744*  
Daytime Phone #