2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P96000027311

Entity Name: HIXON CONSTRUCTION, INC.

Current Principal Place of Business:

6225 MCKOWN RD
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

6225 MCKOWN RD
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 65-0653158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIXON, GENESEE J
3901 BAHIA VISTA STREET #607
SARASOTA, FL 34232 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HIXON, GENESEE J
Address: 3901 BAHIA VISTA ST, #607
City-St-Zip: SARASOTA, FL 34232

Title: VP (X) Delete
Name: HIXON, LOREN S
Address: 6225 MCKOWN ROAD
City-St-Zip: SARASOTA, FL 34240

Title: S ( ) Delete
Name: NAVARRE, ROBERT
Address: 6220 MCKOWN RD.
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HIXON, LOREN S
Address: 6225 MCKOWN RD.
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: FRY, GLENN D
Address: 6225 MCKOWN RD.
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOREN HIXON P 04/13/2005

Electronic Signature of Signing Officer or Director Date