

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000027311

**FILED**  
**Oct 14, 2005**  
**Secretary of State**

**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: VP ( ) Delete  
Name: HIXON, LOREN S  
Address: 6225 MCKOWN RD.  
City-St-Zip: SARASOTA, FL 34240

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

Title: T ( ) Delete  
Name: STERLACE, MICHEAL  
Address: 6225 MCKOWN RD.  
City-St-Zip: SARASOTA, FL 34240

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: DAILEY, SHANNON M  
Address: 6225 MCKOWN RD.  
City-St-Zip: SARASOTA, FL 34240

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 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 S. HIXON

VP

10/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date