

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90012 010 \*\*\*150.00

<b>DOCUMENT # P96000067986</b> 1. Entity Name <b>HIXVEST G.P., INC.</b>			
Principal Place of Business <b>4400 MARSH LANDING PARKWAY STE 7 PONTE VEDRA BEACH, FL 32082</b>		Mailing Address <b>4400 MARSH LANDING PARKWAY STE 7 PONTE VEDRA BEACH, FL 32082</b>	
4. FEI Number <b>59-3396792</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>DORIS P. BATTON 4400 MARSH LANDING BLVD. SUITE #7 PONTE VEDRA BEACH, FL 32082</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	P		
NAME	HIXON, JOSEPH M <i>IV</i>		
STREET ADDRESS	4400 MARSH LANDING PARKWAY STE 7		
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	D		
NAME	HIXON, JOSEPH M IV		
STREET ADDRESS	4400 MARSH LANDING BLVD., STE#7		
CITY - ST - ZIP	PONTE VERDA BEACH, FL 32082		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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.			
<b>SIGNATURE:</b> <i>[Signature]</i> _____ Joseph M. Hixon, IV		Date <b>3/10/06</b> Daytime Phone # <b>904-285-8645</b>	