


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90246 003 ***158.75

DOCUMENT # P97000004351	
1. Entity Name NEXICO, INC.	

Principal Place of Business 1435 TALLEVAST ROAD SARASOTA FL 34243	Mailing Address 1435 TALLEVAST ROAD SARASOTA FL 34243
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2. Principal Place of Business 1225 TALLEVAST Rd	3. Mailing Address 1225 TALLEVAST Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34243	Zip 34243
Country	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0804930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LYON, SCOTT D 1435 TALLEVAST ROAD SARASOTA FL 34243	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYON, SCOTT D		NAME	
STREET ADDRESS 7707 9TH AVENUE DRIVE NW		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34209		CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> Delete	TITLE TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEPARD, GREGORY		NAME	
STREET ADDRESS 4701 GLENBROOKE TERRACE		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34243		CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> Delete	TITLE C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEIDERS, TERRY M		NAME	
STREET ADDRESS 727 WHITFIELD AVENUE		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34243		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Scott LYON** **4/26/04** **941-355-4546**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #