


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # V29814

1. Entity Name
MIXON & SONS, INC.



Principal Place of Business Mailing Address

94 READY AVENUE **93 EAST KATHY LANE**
FT. WALTON BEACH, FL 32548 US **FREEPORT, FL 32439 US**

DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3127270 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEVEN E MIXON
93 EAST KATHY LANE
FREEPORT, FL 32439

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	MIXON, ALVIE D.
STREET ADDRESS	745 BEAL PARKWAY
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	PTD
NAME	STEVEN E MIXON
STREET ADDRESS	93 EAST KATHY LANE
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	VSD
NAME	MIXON, MICHAEL D.
STREET ADDRESS	745 BEAL PARKWAY
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/31/05-80001-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steven E. Mixon **STEVEN E. MIXON** 3/29/05 (850)897-7601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #