

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231918

Entity Name: DIXIE CONTRACT CARPET, INC.

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

7523 PHILLIPS HWY
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-0902287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, LEO
7523 PHILLIPS HWY
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

JACOBSON, LEO
7523 PHILLIPS HWY
JACKSONVILLE, FL 32216 US

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: LEO JACOBSON

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: JACOBSON, SAM
Address: 7523 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: JACOBSON, SHEILA I
Address: 7523 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: PTD () Delete
Name: JACOBSON, LEO
Address: 7523 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: VS () Delete
Name: JACOBSON, SHEILA I.,
Address: 7523 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: SASSARD, CHERYL,
Address: 4215 SOUTHPOINT BLVD 100
City-St-Zip: JACKSONVILLE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEO JACOBSON

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date