

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 323298 1. Entity Name DIXIE METAL PRODUCTS, INC.	
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Principal Place of Business 442 S.W. 54TH COURT OCALA, FL 34474 US	Mailing Address 442 S.W. 54TH COURT OCALA, FL 34474 US
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03162004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-1196205	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHNORR, JOHN L, JR. 442 S.W. 54TH COURT OCALA, FL 34474
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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 terminating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HYZNY, MARK 1471 NEPTUNE DRIVE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNORR, J PHILIP 1471 NEPTUNE DRIVE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCHNORR, JOHN L JR 1471 NEPTUNE DRIVE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUSANO, GUY 1471 NEPTUNE DRIVE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WRIGHT, JAMES 1471 NEPTUNE DRIVE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000092797
03/19/04-80023-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: JAMES WRIGHT, SECRETARY/TREASURER 3/17/04 352-873-2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #