


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan-27, 2006 08:00 AM
Secretary of State

DOCUMENT # G15170 1. Entity Name DIXIE WINDOW CO., INC.					
Principal Place of Business % W. E. LARK, SR. 624 OAK AVE PANAMA CITY, FL 32401			Mailing Address % W. E. LARK, SR. 624 OAK AVE PANAMA CITY, FL 32401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2247801	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LARK, W. E., SR. 624 OAK AVE PANAMA CITY, FL 32401			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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARK, MARY E		NAME		
STREET ADDRESS	344 S BONITA AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000,		CITY-ST-ZIP	1100000405135 02/07/06-80029-002 150.00	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARK, SR. W		NAME		
STREET ADDRESS	344 S BONITA AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000,		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARK, RUTH P		NAME		
STREET ADDRESS	344 S BONITA AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000,		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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 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.					
SIGNATURE: <i>William E. Lark</i> WILLIAM E. LARK			Date: 1-24-06		Daytime Phone #: (850) 769-3516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					