

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P020001242774	
1. Entity Name DIXIE CROSS, INC.	

Principal Place of Business 18 RADFORD LANE PALM COAST FL 32164	Mailing Address 18 RADFORD LANE PALM COAST FL 32164
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 04-3725956		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAVY, BENJAMIN 18 RADFORD LANE PALM COAST FL 32164		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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIVIRGILIO, LAWRENCE		NAME		
STREET ADDRESS	18 RADFORD LANE		STREET ADDRESS		
CITY-STATE-ZIP	PALM COAST FL 32164		CITY-STATE-ZIP		
TITLE	DVTS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIVIRGILIO, NANCY R		NAME		
STREET ADDRESS	18 RADFORD LANE		STREET ADDRESS		
CITY-STATE-ZIP	PALM COAST FL 32164		CITY-STATE-ZIP		
TITLE	M	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVE, DEBRA A		NAME		
STREET ADDRESS	18 RADFORD LANE		STREET ADDRESS		
CITY-STATE-ZIP	PALM COAST FL 32164		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **LAWRENCE DIVIRGILIO** 2-13-07 386-437-2654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #