2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2006 08:00 AM

				Secretary of State			
DOCUMENT # P0300008964 1. Entity Name DIXIE FOOD & GAS MART, INC.				Secretary of State			
DIXIL	OD & GAO MAKI, INC.						
		Mailing Address					
1757 GEORG ALFORD, FL	GIA STREET 32420	P.O. BOX 313 Alford, Fl					
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				{	14 3	H MBOSA MAHAI SAKSA TAISA BOSH ASARABAT IR RABI	
C	O NOT WRITE	N THIS SPA	CF	02082008	No Chg-P	CR2E034 (11/05)	
_				4. FEI Numbe 02-0666		Applied Fo	
				5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	8. Name and Address of Current Reg	stered Agent					
PATEL, DAXABEN M 689 LUPINE LANE				DO	NOT W	RITE	
TALLAHASSEE, FL FL				IN T	HIS SF	PACE	
				***	A Mariana . Trans.		
	named entity submits this statement for the llons of registered agent. Signature, typed or printed name of repetitived agent and title		red Agent signature require		i, in the state of Fig	DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fi			ancing \$5	.00 May Be led to Fees			
10.	OFFICERS AND DIRE	CTORS		L	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS	PATEL, DAXABEN 589 LUPINE LANE		ŕ		00000U 02/25/06)435656 -80050-021 150.00	
enty-St-zip	TALLAHASSEE, FL 32308		1		many among any	CANCEL SEA. ASSESSE	
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP							
TATLE			1				
NAME STREET ADDRESS			1				
CITY-ST-ZIP			1	DQ	NOT W	RITE	
TITLE NAME			1	IN T	THIS SF	PACE	
name Street address			1			· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	1		3				

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 coxporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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:

2-14-06

80-579-4369

TITLE HAME STREET ACCRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR