


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-16-2007 90042 015 ***150.00

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|---|--|--|---|
| DOCUMENT # P06000037796 | |  | |
| 1. Entity Name DIXON ELECTRIC OF BREVARD, INC. | | | |
| Principal Place of Business 822 MALIBU LANE INDIALANTIC FL 32903 | | Mailing Address 822 MALIBU LANE INDIALANTIC FL 32903 | |
| 2. Principal Place of Business - No P.O. Box # 2170W Kingst | | 3. Mailing Address | |
| Suite, Apt. #, etc. Ste C3 | | Suite, Apt. #, etc. | |
| City & State COCOA FL | | City & State | |
| Zip 32926 | | Country US | |
| 4. FEI Number 204586195 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 8. Name and Address of Current Registered Agent ROSENWATER, BRUCE S ESQUIRE 1601 FORUM PLACE SUITE 1200 WEST PALM BEACH FL 33401 | | 7. Name and Address of New Registered Agent | |
| | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when registering)</small> | | | |
| 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 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 NAME STREET ADDRESS CITY - ST - ZIP | P, D ASUNMAA, JOHN A 822 MALIBU LANE INDIALANTIC FL 32903 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V, D LOGAN, WILLIAM J 822 MALIBU LANE 282 PIONEER AVE INDIALANTIC FL 32903 Palm Bay FL 32907 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 conduct 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 who empowered. | | | |
| SIGNATURE _____ | | 2/6/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |