


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 008645</b> 1. Entity Name DIXIE GROVES AND CATTLE COMPANY	
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Principal Place of Business 218 S. POLK AVE. ARCADIA, FL 34266 US	Mailing Address PO BOX 550 ARCADIA, FL 34265 US
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**DO NOT WRITE IN THIS SPACE**



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-6059685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  ROBERT L. SUMMERALL, JR. 2418 S.E. AIRPORT RD. ARCADIA, FL 33821	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUMMERALL, MYRTLE 2418 S.E. AIRPORT RD. ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT SUMMERALL, ROBERT L. J 2418 S.E. AIRPORT RD. ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIXON, BOBBY C. 1500 S.E. REYNOLDS ST. ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIXON, BARBARA 1500 S.E. REYNOLDS ST. ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/05-80050-003 450.00

**DO NOT WRITE IN THIS SPACE**

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: <i>Robert L. Summerall, Jr.</i> Robert L. Summerall, Jr. 2-23-05 (863) 494-1551	Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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