2008 FOR PROFIT CORPORATION ANNUAL REPORT

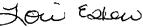
ANNUAL REPORT				Apr 28, 2008 08:00 AN		
DOCU	MENT # 008645			Apr 28, 2008 08:00 AN Secretary of State		
1. Entity Name DIXIE GROVES AND CATTLE COMPANY						
Principal Plac 218 S. POLK ARCADIA, FL	(AVE.	ailing Address PO BOX 550 ARCADIA, FL 34265 US	X 550			
Park Control of the C						
	O NOT WRITE II	N THIS SPA	CE	04242008	No Chg-P CR2E034 (11/05) Applied For	
71		,		59-605	9685 Not Applicable	
1	A CONTRACTOR OF THE STATE OF TH		et e e	5. Certificate	of Status Desired See Required \$8.75	
SARASOT 8. The above the obligat	EWOOD DRIVE A, FL 34232 In named entity submits this statement for the lions of registered agent.	ourpose of changing its register	ed office or register	IN	NOT WRITE THIS SPACE th, in the State of Florida. 1 am familiar with, and accept	
SIGNATURE	Signature, lyped or printed name of registered agent and title	if appricable. (NOTE: Registere	d Agent signature required	f when reinstating)	DATE	
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	·	.00 May Be ed to Fees	U00000930973 05/21/08-80130-005 450.00	
10.	OFFICERS AND DIRE	CTORS	-	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUMMERALL, MYRTLE 2418 S.E. AIRPORT RD. ARCADIA, FL			$\{i\}$ $\{i\}$	The state of the s	
title Name Street address City-St-Zip	VDT ESKEW, LORI 5336 WINEWOOD DRIVE SARASOTA, FL 34232			· • 54		
TITLE NAME STREET ADORESS CITY-ST-ZIP	DP MIXON, BOBBY C. 1500 S.E. REYNOLDS ST. ARCADIA, FL		٠.	DO	NOT WRITE	
TITLE Name Street address City-St-Zip	V MIXON, BARBARA 1500 S.E. REYNOLDS ST. ARCADIA, FL			in.	THIS SPACE	
title Namë				2 (1)	The mighting the state of the s	

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP



Lori Eskew

H-74-08

863-494-1551

FILED

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #