


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # 008645 1. Entity Name DIXIE GROVES AND CATTLE COMPANY | |  |
| Principal Place of Business 218 S. POLK AVE. ARCADIA, FL 34266 US | Mailing Address PO BOX 550 ARCADIA, FL 34265 US | |



04242008 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent LORI ESKEW 5336 WINEWOOD DRIVE SARASOTA, FL 34232 | DO NOT WRITE IN THIS SPACE |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000930973 05/21/08-80130-005 450.00 |
|---|--|---|

| 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 | VDI ESKEW, LORI 5336 WINEWOOD DRIVE SARASOTA, FL 34232 |
| 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 | |

DO NOT WRITE IN THIS SPACE

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: Lori Eskew Lori Eskew 4-24-08 863-494-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #