

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 008645

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: DIXIE GROVES AND CATTLE COMPANY

## Current Principal Place of Business:

218 S. POLK AVE.  
ARCADIA, FL 34266 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 550  
ARCADIA, FL 34265 US

## New Mailing Address:

FEI Number: 59-6059685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LORI ESKEW  
5336 WINEWOOD DRIVE  
SARASOTA, FL 34232 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: SUMMERALL, MYRTLE  
Address: 2418 S.E. AIRPORT RD.  
City-St-Zip: ARCADIA, FL

Title: VDT ( ) Delete  
Name: ESKEW, LORI  
Address: 5336 WINEWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: DP ( ) Delete  
Name: MIXON, BOBBY C.  
Address: 1500 S.E. REYNOLDS ST.  
City-St-Zip: ARCADIA, FL

Title: V ( ) Delete  
Name: MIXON, BARBARA  
Address: 1500 S.E. REYNOLDS ST.  
City-St-Zip: ARCADIA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI ESKEW

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VDT

04/29/2009

\_\_\_\_\_  
Date