

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # 140504

1. Entity Name
DIXIE HOMES, INC.



Principal Place of Business

**604 E DERBY AVE
P O BOX 305
AUBURNDALE, FL 33823 US**

Mailing Address

**POB 305
P O BOX 305
AUBURNDALE, FL 33823 US**



09072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6059686

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIPPIN, L A
8914 PRITCHER RD
LITHIA, FL 33547**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/6/05
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
PIPPIN, L A
8914 PRITCHER RD
LITHIA, FL 33547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ACKLEY, DAVID
349 DOUBLEHEAD GAP RD
BLAIRSVILLE, GA 30514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/05
Date

8639670422
Daytime Phone #