2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 25, 2006 8:00 am Secretary of State

DOCUMENT # 229112 1. Entity Name DIXIE MOBILE HOMES, INC.							07-25-2006	5 90022 050		50.00
Principal Place of Business Mailing Address					<u> </u>					
3135 SO. US 1 3135 SO. US 1 FT PIERCE, FL 34982 FT PIERCE, FL 349				982						
2. Principal Place of Business 3.			3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		07202006	Chg-P	CR2E034 (1	11/05)		
City & State			City & State	City & State		4. FEI Number 59-0877			-	plied For t Applicable
Zip	Zip Country		Zip	Zip Count		5. Certificate of Status Desired			itional	
	6. Name	and Address of Current	Registered Agent	٠		7. Name and /	Address of New R			·
CARCELIZ					Name					
SARGENT, CLAUDIA EBNER 465 S NARANJA DRIVE					Street Address (Street Address (P.O. Box Number is Not Acceptable)				
PORT ST PORT SAI		E, FL 34983						•		
•				City				FL 2	ip Code	3
	named entity		or the purpose of changing it	ts register	ed office or register	red agent, or both	, in the State of Flo	rida. I am famili	ar with,	and accept
SIGNATURE_										
	Signature, typed	or printed name of registered agent	and title if applicable. (NC	TE: Registere	d Agont signature required	d when reinstating)		DATE		
			1							
		! FEE IS \$150.00 otember 6, 2006	9. Election Camp Trust Fund Co	-		.00 May Be led to Fees	In accordance w corporation did i	vith s. 607.193 not receive the	(2)(b), f prior n	F.S., the notice.
10.	ue by Sep	·	Trust Fund Co	ntribution.	Add	led to Fees	In accordance w corporation did i	not receive the	prior n	otice.
Đ	PD	otember 6, 2006	Trust Fund Co	ntribution.	Add	led to Fees	corporation did i	not receive the	prior n	otice.
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indicated on this report or supplies with this timing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the momanon indicated on this report or suppliemental 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: _

222-878-146 Dayting Phone #