


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90064 014 \*\*\*150.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # 229112</b><br>1. Entity Name<br><b>DIXIE MOBILE HOMES, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>3135 SO. US 1<br/>FT PIERCE, FL 34982</b>  |  |   | Mailing Address<br><b>3135 SO. US 1<br/>FT PIERCE, FL 34982</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |   |  |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country  |  | 4. FEI Number<br><b>59-0877252</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  | 03152008      Chg-P      CR2E034 (12/06)  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SARGENT, CLAUDIA EBNER<br/>465 S NARANJA DRIVE<br/>PORT ST LUCIE<br/>PORT SAINT LUCIE, FL 34983</b>   |  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                     |  |
| 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: <u><i>Claudia Ebner Sargent, Pres.</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  | DATE: <u>4-2-08</u>   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>SARGENT, CLAUDIA EBNER<br>465 SO. NARANTA AVE.<br>PORT SAINT LUCIE, FL 34983 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VD<br>EBNER, CLAUDE TRENT<br>801 FRENCH CK. LANE<br>FORT PIERCE, FL 34982          | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | STD<br>EBNER, RICHARD EARL<br>4658 SELVITZ RD.<br>FORT PIERCE, FL 34981            | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   |  |   |  |
| 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: <u><i>Claudia Ebner Sargent</i></u> <u>4-2-08</u> <u>772-461-1508</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small> |   |  |

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