

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90049 007 \*\*\*158.75

**DOCUMENT # 253994**

1. Entity Name

**DIXIE SURETY SERVICES, INC.**



Principal Place of Business

Mailing Address



**Dixie Surety, Services**  
3501 Grand Magnolia Pl.  
Valrico, FL 33594-9112



**Mrs. Martha A. Hoskins**  
3501 Grand Magnolia Pl.  
Valrico, FL 33594-9112



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-0972897</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>HOSKINS, MARTHA A</b> <b>7940 SW 122ND</b> <b>MIAMI FL 33156</b>				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>MARTHA A. HOSKINS</b> 3501 Grand Magnolia Pl. Valrico, FL 33594							

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 Martha Ann Hoskins DATE March 11, 04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOSKINS, MARTHA		<i>Martha Hoskins</i>	NAME			
STREET ADDRESS	7940 S.W. 122 STREET		<i>3501 Grand Magnolia Pl.</i>	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		<i>Valrico, Fla 33594-9112</i>	CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOSKINS, MARTHA ANN		<i>Martha Hoskins</i>	NAME			
STREET ADDRESS	7940 SW 122 STREET		<i>3501 Grand Magnolia Pl.</i>	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156		<i>Valrico, Fla. 33594-9112</i>	CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Martha Ann Hoskins DATE 3/11/04 DAYTIME PHONE # 813-651-2208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR