

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90030 015 ***150.00

DOCUMENT # 289477

1. Entity Name

DIXON ELECTRIC COMPANY, INC.



Principal Place of Business

540 S. BANANA RIVER DR.
SUITE 304
MERRITT ISLAND FL 32952

Mailing Address

540 S. BANANA RIVER DR.
SUITE 304
MERRITT ISLAND FL 32952

2. Principal Place of Business - No P.O. Box #

1236 Clearlake Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/07)

City & State

Cocoa Florida

City & State

4. FEI Number

59-1108054

Applied For

Not Applicable

Zip

32922

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIXON, RONALD C
2155 LOIS LANE
COCOA FL 32926

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title. If applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE	PV	<input type="checkbox"/> Delete
NAME	DIXON, RONALD C	
STREET ADDRESS	2155 LOIS LANE	
CITY- ST- ZIP	COCOA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DIXON, LOIS D	
STREET ADDRESS	2155 LOIS LANE	
CITY- ST- ZIP	COCOA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

Lois D. Dixon *Lois D. Dixon - Secretary/Treasurer*

1-29-08

321-639

3309