

ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 338687 1. Entity Name DIXIE PAINT & BODY SHOP INCORPORATED |  |
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|---|---|
| Principal Place of Business 3426 15 ST TAMPA FL 33605-8118 | Mailing Address 3426 15 ST TAMPA FL 33605-8118 |
|---|---|



| | | |
|---|---------------------------------|---------------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | |
| Suite, Apt. #, etc | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |
| Country | 4. FEI Number 59-1229631 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

1st MOORE CR2E034 (10/06)

| | |
|---|---|
| 6. Name and Address of Current Registered Agent TESTA, P.J. 4726 -B N LOIS AVE TAMPA FL 33614 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY- ST- ZIP | S TRAINA, MARY P 3426 15 ST TAMPA FL | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | PT TRAINA, ANGELO, JR. 3108 W OSBORNE TAMPA FL | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | |
| | VPD PTRAINA, MARY 3426 15TH ST. TAMPA FL | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | |
| | ASD PINAN, AURELIO 3502 15 ST. TAMPA FL 33605 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | <input type="checkbox"/> Delete | | |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |

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: Mary P Traina 1/29/07 813-288-3151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #