

ANNUAL REPORT (AR)**DOCUMENT # 338687**

1. Entity Name

DIXIE PAINT & BODY SHOP INCORPORATED



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


 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.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-1229631

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐
\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 TESTA, P.J.
 4726 -B N LOIS AVE
 TAMPA FL 33614

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 reinstalling)

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
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
 000000616449
 02/07/07-80029-006 150.00
☐ Change ☐ Add
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
 PT
 TRAINA, ANGELO, JR.
 3108 W OSBORNE
 TAMPA FL
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Add
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
 VPD
 PTRAINA, MARY
 3426 15TH ST.
 TAMPA FL
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Add
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
 ASD
 PINAN, AURELIO
 3502 15 ST.
 TAMPA FL 33605
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Add
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Delete
 TITLE
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 CITY- ST- ZIP
☐ Change ☐ Add
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 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Add

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 1/29/07 813-288-3151
 Date Daytime Phone #