

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 338687**

1. Entity Name  
**DIXIE PAINT & BODY SHOP INCORPORATED**



Principal Place of Business  
**3426 15 ST  
TAMPA, FL 33605-8118**

Mailing Address  
**3426 15 ST  
TAMPA, FL 33605-8118**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1229631</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	TRAINA, MARY P
STREET ADDRESS	3426 15 ST
CITY-ST-ZIP	TAMPA, FL
TITLE	PT
NAME	TRAINA, ANGELO, JR.
STREET ADDRESS	3108 W OSBORNE
CITY-ST-ZIP	TAMPA FL,
TITLE	VPD
NAME	PTRAINA, MARY
STREET ADDRESS	3426 15TH ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	ASD
NAME	PINAN, AURELIO
STREET ADDRESS	3502 15 ST.
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80031-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Angelo Traina Jr.  
**ANGELO TRAINA, JR., PRES**

1-15-08 (813) 248-3157  
Date Daytime Phone #