


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90040 026 ***150.00

DOCUMENT # 363675 1. Entity Name DIXIE FIBERGLASS PRODUCTS, INC.			
Principal Place of Business 990 E. PLANT ST WINTER GARDEN FLA, 34787		Mailing Address 205 PALMETTO CONCOURSE LONGWOOD, FL 32779	
2. Principal Place of Business - No P.O. Box # 7270 Lewis Grove Rd		3. Mailing Address 7270 Lewis Grove Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Grovehand FLA		City & State Grovehand FLA	
Zip 34736		Zip 34736	
Country 		Country 	
4. FEI Number 59-1289900		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLISON, ARTHUR 205 PALMETTO CONCOURSE LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V NAME ALLISON, CHAD STREET ADDRESS 205 PALMETTO CONCOURSE CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 4840 E. IRLO BRANSON ST, CHLOU FLA 34771 NAME 7270 Lewis Grove Rd STREET ADDRESS GROVEHAND FLA 34736 CITY-ST-ZIP 34736
TITLE P NAME ALLISON, DEBORAH L. STREET ADDRESS 205 PALMETTO CONCOURSE CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 7270 Lewis Grove Rd NAME GROVEHAND FLA 34736 STREET ADDRESS 34736 CITY-ST-ZIP 34736
TITLE ST NAME ALLISON, ARTHUR STREET ADDRESS 205 PALMETTO CONCOURSE CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 7270 Lewis Grove Rd NAME GROVEHAND FLA 34736 STREET ADDRESS 34736 CITY-ST-ZIP 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

ATTACHMENT

40112608

363675

Dear Sir,

My Accountant ask if we had sent our corporation annual report, which we had not. He said we should have received something in the mail, which we did not. So we printed these documents off the web site and field in the correct address to up date the records.

Thanks you


Arthur Allison