


**FILED**

**May 03, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # 374757		
1. Entry Name WEST DIXIE SERVICE, INC.		
Principal Place of Business 13505 W DIXIE HIGHWAY NORTH MIAMI, FL 33161	Mailing Address 13505 W DIXIE HIGHWAY NORTH MIAMI, FL 33161	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  STOLTZFUS, FREDERICK H 13505 W DIXIE HIGHWAY MIAMI, FL 33161		<b>DO NOT WRITE IN THIS SPACE</b>
6. 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 types of this size must be of registered agent and file if applicable. (NOTE: Registered Agent's signature required when registering)</small>		DATE: _____
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>OFFICERS AND DIRECTORS</b>		
TITLE	PD	U00000155362 05/05/04-80034-004 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
NAME	STOLTZFUS, FREDERICK H	
STREET ADDRESS	5431 HAWKS BLUFF AVE	
CITY-ST-ZIP	DAVIE, FL	
TITLE	STD	
NAME	STOLTZFUS, MARGARET M	
STREET ADDRESS	5431 HAWKS BLUFF AVE	
CITY-ST-ZIP	DAVIE, FL	
TITLE	VP	U00000155362 05/05/04-80034-004 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
NAME	STOLTZFUS, FREDERICK P	
STREET ADDRESS	18961 NW 22ND ST	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		DATE: <u>5/30/04</u> Officer Phone #: <u>305-891-1351</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		