


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90064 005 ***150.00

DOCUMENT # 374757

1. Entity 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
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1310108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLTZFUS, FREDERICK H
 13505 W DIXIE HIGHWAY
 MIAMI, FL 33161

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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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOLTZFUS, FREDERICK H 5431 HAWKS BLUFF AVE DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOLTZFUS, MARGARET M 5431 HAWKS BLUFF AVE DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOLTZFUS, FREDERICK P 18961 NW 22ND ST PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 4/21/07 (305) 891-1351

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