


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 441863</b> 1. Entity Name <b>DIXIE PLUMBING &amp; SUPPLY, INC.</b>	
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Principal Place of Business <b>912 MALTBY AVE ORLANDO FL 32803</b>	Mailing Address <b>912 MALTBY AVE ORLANDO FL 32803</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent  <b>POSEY, MARHSALL 2618 E. CHURCH ST. ORLANDO FL 32803</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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4. FEI Number <b>59-1499767</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 *Marshall Posey* 2-21-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D POSEY, MARSHALL 2618 E. CHURCH ST. ORLANDO FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000649061 03/07/07-80033-019 150.00
NAME	POSEY, MARSHALL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2618 E. CHURCH ST.	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	ORLANDO FL	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D POSEY, MARSHALL 2618 E. CHURCH ST. ORLANDO FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSEY, MARSHALL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2618 E. CHURCH ST.	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	ORLANDO FL	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD POSEY, LUCILLE 2618 E. CHURCH ST. ORLANDO FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSEY, LUCILLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2618 E. CHURCH ST.	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	ORLANDO FL	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T POSEY, LUCILLE 2618 E. CHURCH ST ORLANDO FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSEY, LUCILLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2618 E. CHURCH ST	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	ORLANDO FL	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marshall Posey* *MARSHALL POSEY* 2-21-07 407-894-4467  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #