

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 450976

1. Entity Name  
DIXIE LAKES, INC.



Principal Place of Business  
2780 E OAKLAND PK BLVD  
FT. LAUDERDALE, FL 33306 US

Mailing Address  
PO BOX 23939  
FT. LAUDERDALE, FL 33307 US



02162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1846921

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWENKE, H.M.  
2780 E. OAKLAND PARK BOULEVARD  
FT. LAUDERDALE, FL 33306

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HILL, BILLY E.
STREET ADDRESS	2890 N.W. 55TH COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	PD
NAME	PEAK, VERNON R.
STREET ADDRESS	2890 N.W. 55TH COURT,
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SD
NAME	SCHWENKE, H.M.
STREET ADDRESS	2780 E. OAKLAND PK BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000307978  
04/15/05-80077-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Harry M. Schwenke* Harry M. Schwenke

5/13/2005 954-563-4883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #