


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

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

<b>DOCUMENT # 597914</b>		
1. Entity Name DIXIE SEPTIC TANK, INC. OF ORANGE CITY		
Principal Place of Business 1200 S. LEAVITT AVE. PO BOX 740557 ORANGE CITY, FL 32763 US		Mailing Address PO BOX 740557 ORANGE CITY, FL 32763
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  EVANS, MARILYN J 1200 S LEAVITT AVENUE ORANGE CITY, FL 32763		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		1107000646698 03/06/07-80043-022 150.00
TITLE	PTD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	EVANS, MILTON E SR	
STREET ADDRESS	1200 S LEAVITT AVENUE	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	ST	
NAME	EVANS, MILTON E SR	
STREET ADDRESS	1200 S LEAVITT AVENUE	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	V	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	EVANS, KELVIN T	
STREET ADDRESS	1200 S LEAVITT AVENUE	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Kevin T. Evans</u>		2/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 386-775-3057