

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719237

FILED
Apr 11, 2005
Secretary of State

Entity Name: DIXIE REACT, INC.

Current Principal Place of Business:

P.O. BOX 157
OLD TOWN, FL 326800157 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 389
OLD TOWN, FL 326300389 US

New Mailing Address:

FEI Number: 59-6202756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOCCIA, SANDRA T
FOX SQUIRREL LANE AT FAWN PLACE
OLD TOWN, FL 32680 US

Name and Address of New Registered Agent:

MOCCIA, SANDRA T
537 NE 206TH AVE.
OLD TOWN, FL 32680 US

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.

SIGNATURE:

04/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SHANER, KIM
Address: P.O. BOX 3058
City-St-Zip: PINELLAS PARK, FL 337803058

Title: VD () Delete
Name: LOMBARDO, RAY,
Address: 414 6TH AVE. NE
City-St-Zip: LARGO, FL 33770

Title: PD () Delete
Name: MOCCIA, ALBERT J., J. R.
Address: P.O. BOX 157
City-St-Zip: OLD TOWN, FL 326800157 US

Title: D () Delete
Name: CHENEY, RON,
Address: HC5 BOX 954
City-St-Zip: OLD TOWN, FL 32680

Title: S () Delete
Name: MOCCIA, SANDRA T
Address: P.O. BOX 157
City-St-Zip: OLD TOWN, FL 326800157 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: MORROW, RHODENA,
Address: 2363 DARTMOUTH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHENEY, RON,
Address: 720 NE 212 AVE.
City-St-Zip: OLD TOWN, FL 32680

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA T. MOCCIA

SECY

04/11/2005

Electronic Signature of Signing Officer or Director

Date