

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719237

FILED  
Apr 28, 2006  
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  
537 NE 206TH AVE.  
OLD TOWN, FL 32680 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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: 720 NE 212 AVE.  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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 Chapter 119, 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: ALBERT J. MOCCIA, JR.

PRES

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date