2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853066

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TALLAHASSEE, FL 32301

1407 PIEDMONT DR.EAST

TALLAHASSEE, FL 32308

LINDSEY, ROBERT B

() Delete

PSTD

FILED Feb 01, 2006 Secretary of State

Entity Name: DIXIE PETROLEUM COMPANY, INC.							
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:			
1278A US I P. O. BOX TIFTON, G	1007						
Current Ma	ailing Addres	ss:	New Maili	New Mailing Address:			
1278A US I P. O. BOX TIFTON, G	1007						
FEI Number:	Number: 58-0691980 FEI Number Applied For () FEI Nu		FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	W. F. OAK PLANTAT SSEE, FL 323		901 LIVE C	LINDSEY, W.F. 901 LIVE OAK PLANTATION ROAD TALLAHASSEE, FL 32301 US			
The above in the State	named entity : of Florida.	submits this statement for the p	urpose of changing i	ts registered c	office or registered agent, of	or both,	
SIGNATUR	RE: W. F. LIN	DSEY		02/01/2006			
	Electror	nic Signature of Registered Age	nt		Date		
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LINDSEY, WM.	IT DRIVE EAST	Title: Name: Address: City-St-Zip:	()) Change()Addition		
Title: Name: Address: City-St-Zip:	LINDSEY, W.F 901 LIVE OAK TALLAHASSEE	PLANTATION RD. , FL 32301	Title: Name: Address: City-St-Zip:	LINDSEY, W.F 901 LIVE OAK TALLAHASSEE	PLANTATION RD. F, FL 32301		
Title: Name:	LINDSEY, W. F	Delete ., MRS.,	Title: Name:	D (X LINDSEY, W.F			

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TALLAHASSEE, FL 32301

() Change () Addition

SIGNATURE: ROBERT B. LINDSEY **PSTD** 02/01/2006