

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F07000005846**

1. Entity Name  
**DIXIE PLASTERING CO., INC.**



Principal Place of Business

**519 LOFTIS RD  
TEMPLE, GA 30179**

Mailing Address

**519 LOFTIS RD  
TEMPLE, GA 30179**

**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>58-2499893</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD. STE 101  
TALLAHASSEE, FL 32301-2960**

**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

000000012500

02/12/08-80055-012 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SISK, JOHN
STREET ADDRESS	519 LOFTIS RD
CITY-ST-ZIP	TEMPLE, GA 30179

TITLE	S
NAME	SISK, DIANE
STREET ADDRESS	519 LOFTIS RD
CITY-ST-ZIP	TEMPLE, GA 30179

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Diane Sisk*

DIANE SISK

1/30/08

770-646-7767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #