

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005116

FILED
Apr 27, 2009
Secretary of State

Entity Name: DIXIE SALES COMPANY, INC. (NC)

Current Principal Place of Business:

5920 SUMMIT AVE.
BROWNS SUMMIT, NC 27214

New Principal Place of Business:

Current Mailing Address:

5920 SUMMIT AVE.
BROWNS SUMMIT, NC 27214

New Mailing Address:

FEI Number: 56-0521802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROUNSAVALL, MICHAEL D
Address: 5920 SUMMIT AVE
City-St-Zip: BROWNS SUMMIT, NC 27214

Title: CEO () Delete
Name: HAROLD, REITER
Address: 5920 SUMMIT AVE.
City-St-Zip: BROWNS SUMMIT, NC 27214

Title: TREA () Delete
Name: GARRETT, LAURA S
Address: 5920 SUMMIT AVE.
City-St-Zip: BROWNS SUMMIT, NC 27214

Title: DIR () Delete
Name: RORY, STEAR
Address: 5920 SUMMIT AVE
City-St-Zip: BROWNS SUMMIT, NC 27214

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:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: LAURA S. GARRETT

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

Date