


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
 Jan 24, 2007 08:00 AM
 Secretary of State

DOCUMENT # F99039

1. Entity Name
 DIXIE GROWERS, INC.



Principal Place of Business
 1305 MARTIN L. KING JR. BLVD
 UNIT 17
 PLANT CITY FL 33566
 US

Mailing Address
 P.O. BOX 1686
 PO BOX 1686
 PLANT CITY FL 33564-1686
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-2231288**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAWTON, CHARLES
 1305 MARTIN LUTHER KING JR BLVD UNIT 17
 PLANT CITY FL 33568

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT	DELETE
NAME	LAWTON, CHARLES	<input type="checkbox"/>
STREET ADDRESS	1305 MARTIN LUTHER KING JR BLVD UNIT 17	
CITY ST ZIP	PLANT CITY, FL 00000	
NAME	VS	<input type="checkbox"/>
NAME	LAWTON, LINDA	
STREET ADDRESS	1305 MARTIN LUTHER KING JR. BLVD UNIT 17	
CITY ST ZIP	PLANT CITY FL	
NAME		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY ST ZIP		
NAME		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY ST ZIP		
NAME		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHANGE	ADDITION
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY ST ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY ST ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY ST ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY ST ZIP		

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 01/26/07-80006-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Linda Terry Lawton 1-18-07 813 754-7652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #