


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # G54841 1. Entity Name DIXIE-SOUTHERN CONSTRUCTORS, INC.	
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Principal Place of Business 12650 CR 39 DUETTE, FL 33834 US	Mailing Address 12650 CR. #39 DUETTE, FL 33834 US
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2311405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLAVILLE, GARY S. 6757 TRAILRIDGE DR. LAKELAND, FL 33813	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000133325 04/27/04-80083-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	CLAVILLE, GARY S
STREET ADDRESS	6757 TRAILRIDGE DR.
CITY- ST- ZIP	LAKELAND, FL
TITLE	V
NAME	LOGUE, PAT C.
STREET ADDRESS	175 NO. CHURCH ST.
CITY- ST- ZIP	FT. MEADE, FL
TITLE	S
NAME	BILLER, DORIS M.
STREET ADDRESS	1870 VALENCIA DR.
CITY- ST- ZIP	BARTOW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	4/27/04	941-776-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #