


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State


01-18-2005 90040 010 ***150.00

DOCUMENT # H44752	
1. Entity Name DIXIE FISH COMPANY, INC.	

Principal Place of Business 100 SHERMAN AVENUE P.O. BOX 1225 PANAMA CITY, FL 32402	Mailing Address 100 SHERMAN AVENUE P.O. BOX 1225 PANAMA CITY, FL 32402
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2. Principal Place of Business <i>218 S. COVE LANE</i>	3. Mailing Address <i>P.O. Box 1225</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>PANAMA CITY FL</i>	City & State <i>PANAMA CITY FL</i>
Zip <i>32401</i>	Zip <i>32402</i>
Country	Country



01132005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2521649	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		7. Name and Address of New Registered Agent	
HAMLIN, RONALD B. 100 SHERMAN AVENUE PANAMA CITY, FL 32405		Name <i>HAMLIN, RONALD B.</i> Street Address (P.O. Box Number is Not Acceptable) <i>218 S. COVE LANE</i> City <i>PANAMA CITY</i> FL Zip Code <i>32401</i>	

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 *RONALD B. HAMLIN* *Ronald B. Hamlin* 1-13-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAMLIN, RONALD B. 100 SHERMAN AVE. PANAMA CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAMLIN, DOROTHY 218 S. COVE LANE. PANAMA CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronald B. Hamlin* *RONALD B. HAMLIN* 1-13-2005 (850) 784-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #