## **2008 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Feb 12, 2008 08:00 AN Secretary of State **DOCUMENT # H44752** DIXIÉ FISH COMPANY, INC. Principal Place of Business Mailing Address 218 S. COVE LANE P.O. BOX 1225 PANAMA CITY, FL 32401 PANAMA CITY, FL 32402 No Chg-P CR2E034 (11/05) 02112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2521649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HAMLIN, RONALD B. DO NOT WRITE 218 S. COVE LANE PANAMA CITY, FL 32401 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. 4 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE HAMLIN, RONALD B. U00000825231 02/21/08-80001-004 150.00 STREET ADDRESS 100 SHERMAN AVE. CITY-ST-ZIP PANAMA CITY, FL TITLE NAME HAMLIN, DOROTHY 218 S. COVE LANE. STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 flustee employeeged 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 an other like impowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR