## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # H71831 1. Entity Name DIXIE OIL FRANCHISING, INC. Principal Place of Business Mailing Address 1320 THOMASWOOD DRIVE 1320 THOMASWOOD DRIVE

FILED Apr 23, 2007 08:00 A Secretary of State



## DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FL 32308

No Chg-P CR2E034 (11/05) 04192007

4. FEI Number 59-2829278

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDSEY, WILLIAM FRED 1320 THOMASWOOD DRIVE TALLAHASSEE, FL 32308

the obligations of registered agent.

TALLAHASSEE, FL 32308

## DO NOT WRITE IN THIS SPACE

| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00  |  | Election Campaign Financin     Trust Fund Contribution. | g 🗆 | \$5.00 May Be<br>Added to Fees | U00000723093<br>05/02/07-80057-015 150.00 |
|--|--|---|-----|--------------------------------|---|
| 10. OFFICERS AND DIRECTORS   |  |   |     |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | T<br>LINDSEY, WILLIAM FRED<br>1320 THOMASWOOD DRIVE<br>TALLAHASSEE, FL 32308 |   |     |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LINDSEY, WILLIAM FRED<br>1320 THOMASWOOD DRIVE<br>TALLAHASSEE, FL 32308 |   |     |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |     | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP  |  |   |     | IN                             | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |     |                                | -   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |     |                                |   |
| 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 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. |  |   |     |                                |   |

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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