

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28730

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SUWANNEE DIXIE PROPERTIES, INC.

## Current Principal Place of Business:

C/O JOE H. ANDERSON  
HWY 349 N., 1 MILE NORTH OF TOWN  
OLD TOWN, FL 32680 US

## Current Mailing Address:

P O BOX 1829  
LAKE CITY, FL 32056 US

## New Principal Place of Business:

C/O JOE H. ANDERSON  
HWY 349 N., 1 MILE NORTH OF TOWN  
OLD TOWN, FL 32055 US

## New Mailing Address:

P.O. BOX 1829  
LAKE CITY, FL 32055 US

FEI Number: 99-9999999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCRAE, CHRIS  
1677 MAHAN CTR BLVD  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

MCRAE, CHRIS  
871 NW GUERDON ST  
LAKE CITY, FL 32055 US

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.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ANDERSON, JOE H. JR.  
Address: HWY. 349 NORTH  
City-St-Zip: OLD TOWN, FL 32680

Title: STD ( ) Delete  
Name: WALL, HARRIET  
Address: HWY. 349 NORTH  
City-St-Zip: OLD TOWN, FL 32680

Title: VASD ( ) Delete  
Name: ANDERSON, JOE H III  
Address: HWY. 349 NORTH  
City-St-Zip: OLD TOWN, FL 32680

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, JOE H. JR.  
Address: HWY. 349 NORTH  
City-St-Zip: OLD TOWN, FL 32055

Title: STD (X) Change ( ) Addition  
Name: WALL, HARRIET  
Address: HWY. 349 NORTH  
City-St-Zip: OLD TOWN, FL 32055

Title: VASD (X) Change ( ) Addition  
Name: ANDERSON, JOE H III  
Address: HWY. 349 NORTH  
City-St-Zip: OLD TOWN, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SCHREIBER

SECR

04/14/2009

Electronic Signature of Signing Officer or Director

Date