

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90020 029 ***150.00



DOCUMENT # K55632

1. Entity Name

DIXIE MOTOR SALES, INC.

Principal Place of Business

600 SE 5TH AVE, US #1
DELRAY BCH FL 33483
US

Mailing Address

600 SE 5TH AVE, US #1
DELRAY BCH FL 33483
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0089335

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWERS, DAVID
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAVASINI, STEPHEN	
STREET ADDRESS	1926 N W 2 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	ST.D	<input type="checkbox"/> Delete
NAME	MCCLUSKEY, JULIE	
STREET ADDRESS	4282 ST. ANDREWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOEROP, MELISSA A	
STREET ADDRESS	1125 N W 5 AVE	
CITY-ST-ZIP	DELRAY FL 33144	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAVASINI, MICHAEL S	
STREET ADDRESS	1326 N W 2 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAVASINI, MONICA L	
STREET ADDRESS	1326 N.W 2 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEGHAN J. CAVASINI	
STREET ADDRESS	1326 NW 2 AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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.

SIGNATURE: *Stephen Cavasini* **STEPHEN CAVASINI, PRES** 4/10/07 (561) 278-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #