

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90073 023 ***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

50001304



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01222008

Chg-P

CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CAVASINI, STEPHEN**
STREET ADDRESS ~~1020 NW 2 AVE~~ →
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **ST.D** ☐ Delete
NAME **MCCLUSKEY, JULIE**
STREET ADDRESS **4282 ST. ANDREWS DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **V** ☐ Delete
NAME **LOEROP, MELISSA A**
STREET ADDRESS **1125 N W 5 AVE**
CITY-ST-ZIP **DELRAY, FL 33144**

TITLE **V** ☐ Delete
NAME **CAVASINI, MICHAEL S**
STREET ADDRESS ~~1020 NW 2 AVE~~ →
CITY-ST-ZIP ~~DELRAY BEACH, FL 33444~~

TITLE **V** ☐ Delete
NAME **CAVASINI, MONICA L**
STREET ADDRESS ~~1020 NW 2 AVE~~ →
CITY-ST-ZIP ~~DELRAY BEACH, FL 33444~~

TITLE **V** ☐ Delete
NAME **CAVASINI, MEGHAN J**
STREET ADDRESS **1326 NW 2 AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1326 NW 2 AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **306 SE 23 AVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **306 SE 23 AVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ Change ☐ 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 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.

SIGNATURE:

STEPHEN CAVASINI, PRES 3/21/08 (561) 278-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #