


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # K59535 1. Entity Name DIXIE SOUTHERN INDUSTRIAL, INC.	
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Principal Place of Business % G. C. CURRY 1060 N COMMONWEALTH POLK CITY, FL 33868 US	Mailing Address % G. C. CURRY 1060 N COMMONWEALTH POLK CITY, FL 33868 US
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03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2925990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CURRY, G.C. 1060 N COMMONWEALTH POLK CITY, FL 33868
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**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CURRY, G.C. 6640 LAKE CLARK DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CURRY, M C 5854 MYRTLE HILL DRIVE WEST LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CURRY, J C 5819 DEER TRACKS TRAILS LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/06/06-80034-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06 863-984-1900
Date Daytime Phone #