2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2007 08:00 AM Secretary of State

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1. Entity Name
DIXIE AUCTION COMPANY, INC.



Principal Place of Business

C/O TOMMIE THORNTON, JR. 3526 LENOX AVENUE JACKSONVILLE, FL 32254 U Mailing Address

C/O TOMMIE THORNTON, JR. 3526 LENOX AVENUE JACKSONVILLE, FL 32254



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2963109

S. Certificate of Status Desired

Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORNTON, TOMMIE, JR. 3526 LENOX AVENUE JACKSONVILLE, FL 32254

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No Chg-P

03012007

	e named entity submits this statement for the ptions of registered agent	urpose of changing its reg	istered office or r	egistered agent, or b	oth, in the State of Florida. I am lamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title in	l appicable (NOTE: Re	gislered Ageni signature	required when reinstating)	U00000661552 - 03/20/07-80046005 - 150 ; 00
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	1	·	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORNTON, TOMMIE, JR. 3526 LENOX AVE. JACKSONVILLE, FL 32254				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	*				
NAME STREET ADDRESS				DO	NOT WRITE

DO NOT WRITE IN THIS SPACE

12. Thereby 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 other the empowered

SIGNATURE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Tom Thornton, Jr

3/4/2007 (

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