

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M97596</b>	
1. Entity Name D & D TILE CO., INC.	
Principal Place of Business % WILLIAM BRUCE DIXON 1807 S. 32ND ST. FT. PIERCE, FL 34947	Mailing Address % WILLIAM BRUCE DIXON 1807 S. 32ND ST. FT. PIERCE, FL 34947



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0099206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  DIXON, WILLIAM BRUCE 1807 S. 32ND ST. FT. PIERCE, FL 34947	
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	04/20/08 08:00:10 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, WILLIAM BRUCE 1108 JASMINE AVE. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, WILLIAM BRUCE, JR 1998 SHINN RD. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIXON, VONDA LEE 1108 JASMINE AVE. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Vonda Lee Dixon (VONDA LEE DIXON) 4/09/08 772-461-7355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #