

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90048 037 \*\*\*150.00

DOCUMENT # P00000048498

1. Entity Name

DIXIE HWY PROPERTY INC.



Principal Place of Business

1816 N DIXIE HWY  
FORT LAUDERDALE FL 33305

Mailing Address

P.O. BOX 14544  
FORT LAUDERDALE FL 33302

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

2681 RIVERLAND RD

Suite, Apt. #, etc.

3. Mailing Address

PO Box 14544

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

06-1584091

Applied For

Not Applicable

Zip

33312

Country

Zip

33302

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACK, ROBERT V  
1816 N DIXIE HWY  
FORT LAUDERDALE FL 33305

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 resigning)

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
BLACK, ROBERT V  
1816 N DIXIE HWY  
FORT LAUDERDALE FL 33305 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
BLACK, ROBERT V ☒ Change ☐ Addition  
2681 RIVERLAND ROAD  
FT LAUDERDALE FL 33312

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

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

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

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:

*Robert V Black*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

Daytime Phone #