2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000005127

1. Entity Name

DIXIE STRIPING, INC.

Principal Place of Business	Mailing Address
350 BUENA VISTA DR LILLIAN AL 32549	350 BUENA VISTA DR LILLIAN AL 32549

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 63-1079988 — Applied For / Not Applied

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICE, JUNE 10918 SEAGLADE DR PENSACOLA FL 32507	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 ac 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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fe

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Add
NAME	PACE, VAN E	NAME	
STREET ADDRESS	350 BUENA VISTA DR.	STREET ADDRESS	100000405728
CITY-ST-ZIP	LILLIAN AL 36549	CITY-ST-ZIP	02/07/06-80049-023 150.00
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Add
NAME	BROWN, JOSHUA K	NAME	
STREET ADDRESS	P O BOX 63	STREET ADDRESS	
CITY-ST-ZIP	LILLIAN AL 36549	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Add
NAME	MEISTER, DANIEL J	NAME	
STREET ADDRESS	7317 HAYWOARD AVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 informat 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Van E. Pace VAN E. PACE PRES. 1-23-06 2519613