

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90095 022 \*\*\*150.00

DOCUMENT # P02000043935

1. Entity Name

DIXON MOBILE MARINE, INC



Principal Place of Business  
173 NE SURFSIDE AVE  
PORT ST LUCIE FL 34982

Mailing Address  
173 NE SURFSIDE AVE  
PORT ST LUCIE FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 03-0424348

Applied For  
Not Applicable

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

DIXON, GLENN  
173 NE SURFSIDE AVE  
PORT ST LUCIE FL 34982

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 as applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DIXON, GLENN  
STREET ADDRESS 173 NE SURFSIDE AVE  
CITY- ST- ZIP PT ST LUCIE FL 34982 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Glenn Dixon* GLENN DIXON

7-19-05 772-879-7174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

46026770

8/26/05

To Whom it may Concern,

Reference Number: P02000043935

After calling the Division of Corporations, I was advised to submit a letter requesting a waiver of the \$400 late fee. I handle all of my husband's daily correspondence and I do not recall receiving a post card requesting payment. Looking at past records you will find we pay our bills on time. I truly believe this was a mail delivery error. Please review our file as we respectfully request a waiver. I was advised to inform you our \$150 payment was received and cashed.

Please advise us of your decision.

Email: [BDixon6645@aol.com](mailto:BDixon6645@aol.com)

Phone: 772-879-7174

Address: Glenn Dixon

173 NE Surfside Ave

Port St Lucie FL 34983

Sincerely,  
Beth Dixon