

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90018 004 \*\*\*150.00

**DOCUMENT # P02000063464**

1. Entity Name

DIXON WELDING, INC.



Principal Place of Business

40716 STEWART ROAD  
DADE CITY FL 33525

Mailing Address

40716 STEWART ROAD  
DADE CITY FL 33525

2. Principal Place of Business

10445 Jerry Rd  
Suite, Apt. #, etc.  
10445 Jerry Rd  
City & State  
Zephyrhills, FL

3. Mailing Address

P.O. Box 39  
Suite, Apt. #, etc.  
Morganton, Ga  
City & State  
30560



MOORE

CR2E034 (11/03)

4. FEI Number

33-1044752

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

AUVIL, JONATHAN L  
37837 MERIDIAN AVENUE  
SUITE 314  
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name James Swift  
Street Address (P.O. Box Number is Not Acceptable)

37802 Hwy 54 W  
City Zephyrhills FL Zip Code 33542

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 P  
NAME DIXON, PAUL A  
STREET ADDRESS 40716 STEWART ROAD  
CITY-ST-ZIP DADE CITY FL 33525 ☐ Delete

TITLE ST  
NAME DIXON, DONNA R  
STREET ADDRESS 40716 STEWART ROAD  
CITY-ST-ZIP DADE CITY FL 33525 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 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: Donna Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

706-455-4451

Daytime Phone #