

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000067098

1. Entity Name
YAMATO-DIXIE ASSOCIATES, INC.



Principal Place of Business
7777 GLADES ROAD SUITE 310
BOCA RATON, FL 33434

Mailing Address
7777 GLADES ROAD SUITE 310
BOCA RATON, FL 33434



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2046370

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FEURRING, DOUGLAS R
7777 GLADES ROAD SUITE 310
BOCA RATON, FL 33434

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000343961
04/29/05-80119-007 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHMIER, ROBERT J
STREET ADDRESS 7777 GLADES ROAD SUITE 310
CITY - ST - ZIP BOCA RATON, FL 33434

TITLE D
NAME FEURRING, DOUGLAS R
STREET ADDRESS 7777 GLADES ROAD SUITE 310
CITY - ST - ZIP BOCA RATON, FL 33434

TITLE
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STREET ADDRESS
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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert J. Schmier, Pres

April 28, 2005 561-483-8400

Date Daytime Phone #