


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90351 032 ***150.00

DOCUMENT # P02000100994
 1. Entity Name
STEVEN DIXON CONSTRUCTION, INC.



Principal Place of Business Mailing Address
2079 NORTHEAST 43RD STREET **2079 NORTHEAST 43RD STREET**
OCALA FL 34479 **OCALA FL 34479**

44055869



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
1138 NE. 51ST LOOP **1138 NE. 51ST LOOP**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OCALA FL **OCALA FL**
 Zip Country Zip Country
34479 USA **34479 USA**

4. FEI Number Applied For
54-2088426 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIXON, STEVEN
2079 NORTHEAST 43RD STREET
OCALA FL 34479

7. Name and Address of New Registered Agent
 Name **STEVEN DIXON**
 Street Address (P.O. Box Number is Not Acceptable)
1138 NE. 51ST LOOP
 City **OCALA FL** Zip Code **34479**

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 *Steven Dixon* **STEVEN DIXON** **04/27/04**
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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | DIXON, STEVEN | CHANGE ADDRESS |
| STREET ADDRESS | 2079 NORTHEAST 43RD STREET | |
| CITY-ST-ZIP | OCALA FL 34479 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | <i>[Scribbled out]</i> | |
| STREET ADDRESS | <i>[Scribbled out]</i> | |
| CITY-ST-ZIP | <i>[Scribbled out]</i> | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVEN DIXON | ADDRESS |
| STREET ADDRESS | 1138 NE 51ST LOOP | |
| CITY-ST-ZIP | OCALA FL 34479 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Steven Dixon* **STEVEN DIXON** **04/27/04** **(352-266-6875)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #