

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000051079		
1. Entity Name H & M DIXIE INDUSTRIAL PARK, INC.		
Principal Place of Business 1214 NW 38TH AVENUE OCALA, FL 34482	Mailing Address P.O. BOX 772107 OCALA, FL 34477	



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0081102	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AVILA, HUMBERTO
1214 NW 38TH AVENUE
OCALA, FL 34482

**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 _____

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000223480
02/14/05-80082-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVILA, HUMBERTO P.O. BOX 772107 OCALA, FL 34477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VELEZ, MARIO P.O. BOX 772107 OCALA, FL 34477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VELEZ, ILEANA P.O. BOX 772107 OCALA, FL 34477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES VELEZ, MARIO P.O. BOX 772107 OCALA, FL 34477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-05 786 402 8662