

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90024 001 ***300.00

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1. Entity Name
DIXIE DIVERSIFIED, INC.



Principal Place of Business
5430 SHAWLAND ROAD
JACKSONVILLE, FL 32254

Mailing Address
5430 SHAWLAND ROAD
JACKSONVILLE, FL 32254



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0847413

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHEELER, PETE
5430 SHAWLAND ROAD
JACKSONVILLE, FL 32254

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WHEELER, PETE
STREET ADDRESS 5430 SHAWLAND ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE D
NAME WHEELER, JACKIE
STREET ADDRESS 5430 SHAWLAND ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

P. Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

904/7839393

Daytime Phone #