2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Debra-

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # P03000107781 04-28-2006 90165 035 ***150.00 1. Entity Name R. DIXON ENTERPRISES, INC. Principal Place of Business Mailing Address 11609 E SALMON DR 11609 E SALMON DR FLORAL CITY, FL 34436 FLORAL CITY, FL 34436 2. Principal Place of Business 3. Mailing Address <u>11609 E. Salmon Dr</u> <u> 11609 E. Salmon Dr</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 43-2029819 Not Applicable Floral City <u>Floral</u> FL. FIZip Country Country \$8.75 Additional 5. Certificate of Status Desired П 34436 USA 34436 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Elise Winters. WINTERS, ELISE K Street Address (P.O. Box Number is Not Acceptable) 1006 Drew Street 133 N FT HARRISON AVE CLEARWATER, FL 33755 Clearwater Clearwater Zip Code 33755 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 tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DTS TITLE Delete TITLE Change ■ Addition DIXON, DEBRA L NAME NAME 11609 E SALMON DR STREET ADDRESS STREET ADDRESS FLORAL CITY, FL 34436 CITY-ST-71P CITY-ST-ZIP ☐ Change □ Detete TITLE ☐ Addition TITLE DIXON, ROY R NAME NAME 11609 E SALMON DR STREET ADDRESS STREET ADORESS FLORAL CITY, FL 34436 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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