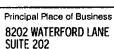
2007 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P03000143217 1. Entity Name JOSÉPH T. DIXON, P.A.



FILED Apr 16, 2007 08:00 AM Secretary of State



TAMARAC, FL 33321

Mailing Address

8202 WATERFORD LANE SUITE 202 TAMARAC, FL 33321



04112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0444483

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIXON, JOSEPH T JR. 8202 WATERFORD LANE SHITE 202

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IN	T	IIS S	SPA	CE

TAMARAC	C, FL 33321		IN	I HIS SPACE
	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registe	red office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Register	ed Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		
10.	OFFICERS AND DIREC	CTORS	Şiriya diri	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, JOSEPH T JR. 8202 WATERFORD LANE TAMARAC, FL 33321			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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U000000712158 04/26/07-80035-020 158.75

CITY-ST-ZIP 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:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-7IP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE