


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000143217**  
 1. Entity Name  
 JOSEPH T. DIXON, P.A.



Principal Place of Business 8202 WATERFORD LANE SUITE 202 TAMARAC, FL 33321	Mailing Address 8202 WATERFORD LANE SUITE 202 TAMARAC, FL 33321
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**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0444483	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DIXON, JOSEPH T JR.  
 8202 WATERFORD LANE  
 SUITE 202  
 TAMARAC, FL 33321

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resetting) 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	DIXON, JOSEPH T JR.
STREET ADDRESS	8202 WATERFORD LANE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000930345  
 05/21/08-90106-010 150.75

**DO NOT WRITE 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: Joseph T. Dixon Jr. **JOSEPH T. DIXON JR** **PRESIDENT** **954-24-8070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date: APRIL 25, 2008  
Date

Daytime Phone # \_\_\_\_\_  
Daytime Phone #