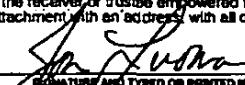


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3 Apr 20, 2005 8:00 am
Secretary of State

03-21-2005 90111 045 ***150.00

DOCUMENT # P04000027885					
1. Entity Name - DIXIE CONSTRUCTION SERVICES, INC.					
Principal Place of Business 10240 REBEL ROAD PENSACOLA, FL 32526			Mailing Address 10240 REBEL ROAD PENSACOLA, FL 32526		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0610781	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LUOMA, JON 10240 REBEL ROAD PENSACOLA, FL 32526				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D LUOMA, JON ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	10240 REBEL ROAD		NAME		
STREET ADDRESS	PENSACOLA, FL 32526		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D FOWLER, MICHAEL ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	9840 REBEL ROAD		NAME		
STREET ADDRESS	PENSACOLA, FL 32526		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-13-05 850.944-2725		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

00011046



03142005 Chg-P CR2E034 (10/03)