2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000050088

1. Entity Name
DIXIE LAND CLEARING, INC.

Principal Place of Business	Mailing Address
P O BOX 752	P O BOX 752
CROSS CITY, FL 32628	CROSS CITY, FL 32628

DO NOT WRITE IN THIS SPACE

04242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
83-0397007	Not Applicable

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

6. Name and Address of Current Registered Agent

GAINEY, JAMES MALLORY
HC 3 BOX 365
OLD TOWN, FL 32680

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, 2006 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	GAINEY, BESSIE
STREET ADDRESS	P O BOX 752
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/06-80043-008   150.00

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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: _James Mallory Gainey_ James Mallory Gainey 4/24/06 352-498-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #