

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90139 046 ***150.00

DOCUMENT # P05000018065

1. Entity Name
DIXIE COURT GP, INC.



Principal Place of Business
**901 NORTHWEST 10TH AVENUE
FORT LAUDERDALE, FL 33311**

Mailing Address
**901 NORTHWEST 10TH AVENUE
FORT LAUDERDALE, FL 33311**

4003~



2. Principal Place of Business
437 SW 4 AVE
Suite, Apt. #, etc.

3. Mailing Address
437 SW 4 AVE
Suite, Apt. #, etc.

03132006 Chg-P CR2E034 (11/05)

City & State
FT. LAUDERDALE, FL
Zip **33315** Country

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FT. LAUDERDALE, FL
Zip **33315** Country

4. FEI Number
20-2287631
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOOMBS, PHILIP O
901 NORTHWEST 10TH AVENUE
FORT LAUDERDALE, FL 33311**

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

Philip O. Goombs

PHILIP O. GOOMBS

3-15-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **ENGLISH, TAMA**
STREET ADDRESS **510 SOUTH ANDREWS AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D** ☐ Change ☒ Addition
NAME **FRANK A. ORLANDO**
STREET ADDRESS **3305 COLLEGE AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33314**

TITLE **D** ☐ Delete
NAME **WATSON, REESA H**
STREET ADDRESS **701 E. BROWARD BLVD. #E**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D** ☐ Change ☐ Addition
NAME **SHIRLEY CARSON**
STREET ADDRESS **1436 SISTRUNK BLVD #5**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **D** ☒ Delete
NAME **SLATON, RUBY**
STREET ADDRESS **425 SW 4TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE **D** ☐ Change ☐ Addition
NAME **KELLEY, ROBERT P**
STREET ADDRESS **712 SW 13TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **D** ☐ Delete
NAME **KELLEY, ROBERT P**
STREET ADDRESS **712 SW 13TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **D** ☐ Change ☐ Addition
NAME **GOODCHILD, QUIN F**
STREET ADDRESS **633 SOUTH ANDREWS AVENUE #500**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D** ☐ Delete
NAME **GOODCHILD, QUIN F**
STREET ADDRESS **633 SOUTH ANDREWS AVENUE #500**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D** ☐ Change ☐ Addition
NAME **KELLEY, ROBERT P**
STREET ADDRESS **712 SW 13TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **D** ☐ Delete
NAME **KELLEY, ROBERT P**
STREET ADDRESS **712 SW 13TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **D** ☐ Change ☐ Addition
NAME **KELLEY, ROBERT P**
STREET ADDRESS **712 SW 13TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

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:

Philip O. Goombs

PHILIP O. GOOMBS

3-15-06

(954) 525-6444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #