


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000140509

1. Entity Name
DIXIELAND FIRE SPRINKLERS, INC.



Principal Place of Business
18743 SAKERA ROAD
HUDSON, FL 34667

Mailing Address
18743 SAKERA ROAD
HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3621440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, MARK
18743 SAKERA ROAD
HUDSON, FL 34667

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000789295
01/22/08-80020-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, MARK 18743 SAKERA ROAD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, DONNA 18743 SAKERA ROAD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, DONNA 18743 SAKERA ROAD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, DONNA 18743 SAKERA ROAD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, MARK 18743 SAKERA ROAD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Donna Phillips Donna Phillips 1/14/2008 813-323-2312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #