


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90092 042 \*\*\*150.00

<b>DOCUMENT # P05000146868</b> 1. Entity Name DIXIE EQUIPMENT SERVICE, INC.					
Principal Place of Business 3535 GRANT RD. GRANT, FL 32949			Mailing Address P. O. BOX 381 GRANT, FL 32949-381 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>59-2680024</b>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  RICHMOND, RANDAL R 3535 GRANT RD. GRANT, FL 32949			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	P RICHMOND, RANDAL R 3535 GRANT RD. GRANT, FL 32949	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	VP RICHMOND, ROBERT F 3555 GRANT RD. GRANT, FL 32949	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	SEC RICHMOND, ANN M 3555 GRANT RD. GRANT, FL 32949	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	TRES RICHMOND, PATRICK P 3555 GRANT RD. GRANT, FL 32949	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.			321-749-6216		
SIGNATURE: <u>R. Randal Richmond</u> <b>R. RANDAL RICHMOND 2-15-06</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					