

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066437

FILED
Apr 21, 2008
Secretary of State

Entity Name: DIXIE ENTERPRISES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3280 S BLACK MOUNTAIN DR
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

3280 S BLACK MOUNTAIN DR
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 26-0401101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, JOHN A
2218 HWY 44 WEST
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTIN, JOHN C
Address: 3280 S BLACK MOUNTAIN DR
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: MARTIN, TODD C
Address: 3280 S BLACK MOUNTAIN DR
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: MARTIN, DONNA
Address: 3280 S BLACK MOUNTAIN DR
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTIN, JOHN C
Address: 3280 S BLACK MOUNTAIN DR
City-St-Zip: INVERNESS, FL 34450

Title: VD (X) Change () Addition
Name: MARTIN, TODD C
Address: 3280 S BLACK MOUNTAIN DR
City-St-Zip: INVERNESS, FL 34450

Title: STD (X) Change () Addition
Name: MARTIN, DONNA
Address: 3280 S BLACK MOUNTAIN DR
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. MARTIN

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date