


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000001516</b> 1. Entity Name <b>DIXIE LEASING, INC.</b>																																																																																																																																																																													
Principal Place of Business <b>6410 OLD DIXIE HIGHWAY VERO BEACH FL 32960 US</b>			Mailing Address <b>DIXIE OAK MANOR INC 6410 OLD DIXIE HWY VERO BEACH FL 32967 US</b>																																																																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																																										
City & State			City & State																																																																																																																																																																										
Zip		Country		4. FEI Number <b>59-3217021</b>																																																																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																																																																																																																																																																									
6. Name and Address of Current Registered Agent  <b>RENO, THOMAS M 1385 20TH AVENUE VERO BEACH FL 32960</b>				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 _____ (Signature, typed or printed name of registered agent and title if applicable) (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> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Added to Fees																																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Scott Funnell* **SCOTT FUNNELL** 02-1-26-06 772 84-5352