2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2004 08:00 AM Secretary of State DOCUMENT # P95000061679 1. Entity Name DIXSAN, INC. Principal Place of Business Mailing Address 440 US HIGHWAY 1 440 US HIGHWAY 1 VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0610044 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEFFENDALL, REX Street Address (P.O. Box Number is Not Acceptable) 440 US HIGHWAY 1 VERO BEACH FL 32962 City 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE Delete TITA F Change NAME DEFFENDALL, REX NAME n22 150.00 STREET ADDRESS 440 US HIGHWAY 1 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME BROWN, MALCOLM NAME 440 US HIGHWAY 1 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32962 CITY - ST- 7tP CITY - ST - ZIP Delete TITLE ■ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST- ZIP TITLE ☐ Delete III F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Day Time Phone II