


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000101493</b>	
1. Entity Name DIXIE SALES COMPANY USA, INC.	

Principal Place of Business 11251 PHILLIPS PARKWAY DRIVE EAST JACKSONVILLE, FL 32256 US	Mailing Address 11251 PHILLIPS PARKWAY DRIVE EAST JACKSONVILLE, FL 32256 US
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3418855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DRASHIN, ROBERT R  
11251 PHILLIPS PARKWAY  
DRIVE EAST  
JACKSONVILLE, FL 32256

**DO NOT WRITE  
IN THIS SPACE**

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 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000104390 04/06/04-80008-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DRASHIN, ROBERT R 11251 PHILLIPS PKWY DR EAST JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHMUNES, HARRY 12363 BRANDY PLACE BLVD. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(b), 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:** Harry Shmunes HARRY SHMUNES 4/1/04 904 292 1852 X 219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #