


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90020 043 ***150.00

DOCUMENT # P97000018924	
1. Entity Name DIXON REFINISHING, INC.	

Principal Place of Business 535 NORTHEAST 32 STREET FORT LAUDERDALE, FL 33334	Mailing Address 535 NORTHEAST 32 STREET FORT LAUDERDALE, FL 33334
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54061358



2. Principal Place of Business 4900 N Dixie Hwy	3. Mailing Address 4900 N Dixie Hwy
Suite, Apt. #, etc. 3	Suite, Apt. #, etc. 3

07012004 Chg-P CR2E034 (10/03)

City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE, FL
Zip 33334	Country USA
Zip 33334	Country USA

4. FEI Number 65-0733902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HYNES, CYNTHIA 5535 NE 32 STREET FT LAUDERDALE, FL 33334	
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7. Name and Address of New Registered Agent Name CYNTHIA HYNES Street Address (P.O.-Box Number is Not Acceptable) 4900 N Dixie Highway #3 City FORT Lauderdale FL Zip Code 33334	
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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 Cynthia Hynes 7/6/04
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HYNES, CYNTHIA 535 NORTHEAST 32 STREET FORT LAUDERDALE, FL 33334 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Hynes, Cynthia 4900 N Dixie Hwy #3 Fort Lauderdale FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cynthia Hynes - Cynthia Hynes 7-6-04 9545639150
Signature and typed or printed name of signing officer or director Date Daytime Phone #