


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90387 034 ***150.00

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

Principal Place of Business 4900 N DIXIE HWY #3 FORT LAUDERDALE FL 33334	Mailing Address 4900 N DIXIE HWY #3 FORT LAUDERDALE FL 33334
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2. Principal Place of Business - No P.O. Box # 4900 N. DIXIE HWY	3. Mailing Address SAME
Suite, Apt. #, etc. 3	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State FT LAUD, FL	City & State	4. FEI Number 65-0733902	Applied For <input type="checkbox"/> Not Applicable
Zip 33334	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HYNES, CYNTHIA 4900 N DIXIE HWY #3 FT LAUDERDALE FL 33334	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Cynthia Hynes - **CYNTHIA HYNES** 4-11-07 9547721116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #