2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004
Secretary of State

DOCUMENT# P97000084018

Entity Name: DIXIE PAINTERS, INC.

Current Principal Place of Business:

11500 WILD CAT LANE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

P O BOX 608
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

FEI Number: 59-3469328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, J. DONALD
11500 WILD CAT LANE
NEW PORT RICHEY, FL 34654

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COX, J. DONALD
Address: 11500 WILD CAT LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete
Name: COX, VALA H
Address: 11500 WILD CAT LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: COX, JAMES D
Address: 11500 WILD CAT LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP ( ) Change (X) Addition
Name: COX, VALA H
Address: 11500 WILD CAT LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALA H COX VP 02/07/2004

Electronic Signature of Signing Officer or Director Date