

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91258 047 \*\*\*158.75

**DOCUMENT # P97000086121**

1. Entity Name  
**DIXIE STRUCTURES AND MAINTENANCE, INC.**



Principal Place of Business

851 ELM STREET  
LABELLE, FL 33935

Mailing Address

851 ELM STREET  
LABELLE, FL 33935

2. Principal Place of Business

851 S. Elm Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LaBelle, FL

City & State

4. FEI Number

59-3477226

Applied For

Not Applicable

Zip

33935

Country

USA

Zip

Country

04142004

Chg-P

CR2E034 (10/03)

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKWELL, A. BRYAN  
15580 IDALIA AVE.  
ALVA, FL 33920

7. Name and Address of New Registered Agent

Name

A. Bryan Blackwell

Street Address

851 S. Elm Street

City

LaBelle

FL

Zip Code

33935

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PSTD                     | <input type="checkbox"/> Delete |
| NAME           | BLACKWELL, GWEN G        |                                 |
| STREET ADDRESS | 15580 IDALIA AVE.        |                                 |
| CITY-ST-ZIP    | ALVA, FL 33920           |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | BLACKWELL, GWEN G        |                                 |
| STREET ADDRESS | 15580 IDALIA AVE.        |                                 |
| CITY-ST-ZIP    | ALVA, FL 33920           |                                 |
| TITLE          | VD                       | <input type="checkbox"/> Delete |
| NAME           | BLACKWELL, A. BRYAN      |                                 |
| STREET ADDRESS | 15580 IDALIA AVE.        |                                 |
| CITY-ST-ZIP    | ALVA, FL 33920           |                                 |
| TITLE          | V                        | <input type="checkbox"/> Delete |
| NAME           | BLACKWELL, CHRISTOPHER R |                                 |
| STREET ADDRESS | 15580 IDALIA AVE.        |                                 |
| CITY-ST-ZIP    | ALVA, FL 33920           |                                 |
| TITLE          | V                        | <input type="checkbox"/> Delete |
| NAME           | WALKER, NOELLE           |                                 |
| STREET ADDRESS | 15580 IDALIA AVE.        |                                 |
| CITY-ST-ZIP    | ALVA, FL 33920           |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | PSTD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Blackwell, Gwen G.        |                                                                              |
| STREET ADDRESS | 851 S. Elm Street         |                                                                              |
| CITY-ST-ZIP    | LaBelle, FL 33935         |                                                                              |
| TITLE          | Blackwell, Gwen G.        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Blackwell, Gwen G.        |                                                                              |
| STREET ADDRESS | 851 S. Elm Street         |                                                                              |
| CITY-ST-ZIP    | LaBelle, FL 33935         |                                                                              |
| TITLE          | VD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Blackwell, A. Bryan       |                                                                              |
| STREET ADDRESS | 851 S. Elm Street         |                                                                              |
| CITY-ST-ZIP    | LaBelle, FL 33935         |                                                                              |
| TITLE          | V                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Blackwell, Christopher R. |                                                                              |
| STREET ADDRESS | 6782 Wolf Run Lane        |                                                                              |
| CITY-ST-ZIP    | N. Ft. Myers, FL 33917    |                                                                              |
| TITLE          | V                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Walker, Noelle            |                                                                              |
| STREET ADDRESS | 3233 Mastin Lane          |                                                                              |
| CITY-ST-ZIP    | Montgomery, AL 36106      |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-ST-ZIP    |                           |                                                                              |

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:

Gwen G. Blackwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

(863) 612-0102

Daytime Phone #