

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90297 013 \*\*\*150.00

**DOCUMENT # P97000086121**

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



Principal Place of Business

**851 SOUTH ELM STREET  
LABELLE, FL 33935**

Mailing Address

**851 ELM STREET  
LABELLE, FL 33935**

**14011000**



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3477226**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BLACKWELL, A. BRYAN  
851 SOUTH ELM STREET  
LABELLE, FL 33935**

**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

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, 2005 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
NAME	BLACKWELL, GWEN G
STREET ADDRESS	851 SOUTH ELM STREET
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	BLACKWELL, GWEN G
STREET ADDRESS	851 SOUTH ELM STREET
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	VD
NAME	BLACKWELL, A. BRYAN
STREET ADDRESS	851 SOUTH ELM STREET
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	V
NAME	BLACKWELL, CHRISTOPHER R
STREET ADDRESS	6782 WOLF RUN LANE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	V
NAME	WALKER, NOELLE
STREET ADDRESS	3233 MASTIN LANE
CITY-ST-ZIP	MONTGOMERY, AL 36106
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)(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 Gwen G. Blackwell 4-26-05 863-612-0102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #