## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000086121

Current Principal Place of Rusiness:

Entity Name: DIXIE STRUCTURES AND MAINTENANCE, INC.

FILED Apr 24, 2009 Secretary of State

Certificate of Status Desired ( )

Ourient i interput i face of Dusiness.	New 1 Interpart face of Business.
851 SOUTH ELM STREET LABELLE, FL 33935	
Current Mailing Address:	New Mailing Address:
851 SOUTH ELM STREET LABELLE, FL 33935	1585 LINDY LANE LABELLE, FL 33935

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLACKWELL, A. BRYAN BLACKWELL, A. BRYAN 851 SOUTH ELM STREET 1585 LINDY LANE LABELLE, FL 33935 LABELLE, FL 33935 US

FEI Number Applied For ( )

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.

FEI Number Not Applicable ( )

SIGNATURE: 04/24/2009 Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

LABELLE, FL 33935

Address:

City-St-Zip:

FEI Number: 59-3477226

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Rusiness

Title: PSTD ( ) Delete Title: **PSTD** (X) Change ( ) Addition BLACKWELL, GWEN G BLACKWELL, GWEN G Name: Name: 851 SOUTH ELM STREET 1585 LINDY LANE Address: Address: City-St-Zip: LABELLE, FL 33935 City-St-Zip: LABELLE, FL 33935 Title: Title: () Delete (X) Change ( ) Addition BLACKWELL, GWEN G BLACKWELL, GWEN G Name: Name: 851 SOUTH ELM STREET Address: 1585 LINDY LANE Address: LABELLE, FL 33935 LABELLE, FL 33935 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: VD VD. BLACKWELL, A. BRYAN Name: BLACKWELL, A. BRYAN Name: 851 SOUTH ELM STREET 1585 LINDY LANE

Title: ( ) Delete Title: () Change () Addition BLACKWELL, CHRISTOPHER R Name: Name:

Address: 6782 WOLF RUN LANE Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

LABELLE, FL 33935

SIGNATURE: GWEN G. BLACKWELL **PRES** 04/24/2009