


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000030399							
1. Entity Name DIXIE PRECAST, INC.							
Principal Place of Business 6844 CECELIA DR. NEW PORT RICHEY, FL 34653			Mailing Address 6844 CECELIA DR. NEW PORT RICHEY, FL 34653				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State		4. FEI Number 59-3502491			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Applied For		Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
OSBRON, ROSCOE 6844 CECELIA DR. NEW PORT RICHEY, FL 34653			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	OSBRON, ROSCOE	NAME	U00000126608				
STREET ADDRESS	6844 CECELIA DR.	STREET ADDRESS	04/23/04-80040-021 150.00				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP					
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	JOHNSON-OSBRON, LINDA	NAME					
STREET ADDRESS	6844 CECELIA DR.	STREET ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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)(f), 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: <i>Roscoe Osbron</i>		Date: 4/21/04		Daytime Phone #: 727-847-3094			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							