

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 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



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3502491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSBRON, ROSCOE
 6844 CECELIA DR.
 NEW PORT RICHEY, FL 34653

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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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000504081
 04/26/06-80057-021 150.00

10. OFFICERS AND DIRECTORS

TITLE: DP
 NAME: OSBRON, ROSCOE
 STREET ADDRESS: 6844 CECELIA DR.
 CITY-ST-ZIP: NEW PORT RICHEY, FL 34653

TITLE: DST
 NAME: JOHNSON-OSBRON, LINDA
 STREET ADDRESS: 6844 CECELIA DR.
 CITY-ST-ZIP: NEW PORT RICHEY, FL 34653

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Roscoe Osbron*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____