

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000030264

**Entity Name:** COTTAGE CAFE OF DIXIE INC.

**Current Principal Place of Business:**

139 S.E. HWY 349  
OLD TOWN, FL 32680

**Current Mailing Address:**

P.O. BOX 1496  
OLD TOWN, FL 32680 US

**FEI Number: 47-3600354**

**Certificate of Status Desired: No**

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

OWENS, THOMAS O SR  
139 S.E. HWY. 349  
OLD TOWN, FL 32680 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            OWENS, THOMAS O  
Address        25221 S.E. HWY. 19  
City-State-Zip: OLD TOWN FL 32680

Title            VP  
Name            OWENS, PATRICIA LYNN  
Address        25221 SE HWT 19  
City-State-Zip: OLD TOWN FL 32680

*I hereby 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 all other like empowered.*

**SIGNATURE: OWENS, THOMAS O**

**OFFICER/DIRECTOR**

**04/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date