


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90037 003 \*\*\*150.00

<b>DOCUMENT # 145398</b>					
1. Entity Name <b>DIXON-POWDERMAKER FURNITURE COMPANY</b>					
Principal Place of Business P.O. BOX 612 PASCAGOULA, MS 39568			Mailing Address P.O. BOX 612 PASCAGOULA, MS 39568		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0540174</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<b>C</b>			TITLE	
NAME	<b>BOLAND, ROBERT J</b>	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	<b>4703 N. PASCAGOULA STREET</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>PASCAGOULA, MS</b>			CITY-ST-ZIP	
TITLE	<b>P</b>			TITLE	
NAME	<b>AUSSERR</b>	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	<b>4703 N. PASCAGOULA STREET</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>PASCAGOULA, MS</b>			CITY-ST-ZIP	
TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>CFO</b>
NAME	<b>MCCLURE, PAULA</b>			NAME	<b>LINDA P. GRIMES</b>
STREET ADDRESS	<b>4703 N. PASCAGOULA STREET</b>			STREET ADDRESS	<b>4703 N. PASCAGOULA ST</b>
CITY-ST-ZIP	<b>PASCAGOULA, MS</b>			CITY-ST-ZIP	<b>PASCAGOULA, MS</b>
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
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)(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: <i>Linda P. Grimes</i>			<b>LINDA P. GRIMES, CFO</b>		<b>1/29/04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # <b>228-762-3172</b>