


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 145398
 1. Entity Name
DIXON-POWDERMAKER FURNITURE COMPANY



Principal Place of Business Mailing Address
 P.O. BOX 612 P.O. BOX 612
 PASCAGOULA, MS 39568 PASCAGOULA, MS 39568

DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-0540174 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C BOLAND, ROBERT J 4703 N. PASCAGOULA STREET PASCAGOULA, MS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AUSSERR 4703 N. PASCAGOULA STREET PASCAGOULA, MS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO GRIMES, LINDA P 4703 N. PASCAGOULA STREET PASCAGOULA, MS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

000000265865
 03/17/05-80008-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Linda P. Grimes* CFO 3/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #