

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 145398 1. Entity Name DIXON-POWDERMAKER FURNITURE COMPANY	
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Principal Place of Business P.O. BOX 612 PASCAGOULA, MS 39568	Mailing Address P.O. BOX 612 PASCAGOULA, MS 39568
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0540174	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

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	CFO GRIMES, LINDA P 4703 N. PASCAGOULA STREET PASCAGOULA, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOLAND, MARYE V 4705 N PASCAGOULA ST PASCAGOULA, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOLAND, DAVID V 4703 PASCAGOULA ST PASCAGOULA, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/02/08-80054-006 150.00

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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: *Robert J Boland* Date: 3/12/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR