


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 268664 1. Entity Name DIMMITT CAR LEASING INC	
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Principal Place of Business C/O JOSHUA MAGIDSON, ESQ. P.O. BOX 1669 CLEARWATER, FL 33757-1669 US	Mailing Address C/O JOSHUA MAGIDSON, ESQ. P.O. BOX 1669 CLEARWATER, FL 34617-1669 US
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DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1038909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DIMMITT, LARRY, JR.
25191 U.S HWY 19 NORTH
CLEARWATER, FL 34623**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE VD	DIMMITT, LAWRENCE, III
NAME	1015 BAY ESPLANDE
STREET ADDRESS	CLEARWATER, FL
CITY - ST - ZIP	
TITLE VD	DIMMITT, RICHARD
NAME	965 BAY ESPLANADE
STREET ADDRESS	CLEARWATER, FL
CITY - ST - ZIP	
TITLE PD	DIMMITT, LARRY, JR.
NAME	150 WILLADEL DR
STREET ADDRESS	CLEARWATER, FL
CITY - ST - ZIP	
TITLE VTD	MAGIDSON, EILEEN DIMMITT
NAME	981 BAY ESPLANDE
STREET ADDRESS	CLEARWATER, FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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03/02/07-80063-017 150.00

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: Larry Dimmitt Jr **2/20/07 (727) 791-3742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LARRY DIMMITT JR