


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # 475001 1. Entity Name DIBBS PRODUCTS, INC.		
Principal Place of Business DIBBS PRODUCTS, INC. TAMPA, FL 33610	Mailing Address 5812 N. 22ND ST. TAMPA, FL 33610	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DIBBS, STEPHEN J. 5812 N.22ND STREET TAMPA, FL 33610		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>		
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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 11/8/2007 01/12/07-800006-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JULIANNE, DIBBS B 5812 N. 22 STREET TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIBBS, LOUISE S 4119 GUNN HIGHWAY TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENT, RON 5812 N 22 ST TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Ron Bent</i></u> RON BENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/5/06</u> Daytime Phone #: <u>813-238-5849</u>