

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F73619

1. Entity Name

DEFIORE ENTERPRISES, INC.



Principal Place of Business

% STEPHEN DEFIORE
P.O. BOX 981
INVERNESS, FL 34451 US

Mailing Address

% STEPHEN DEFIORE
P.O. BOX 981
INVERNESS, FL 34451 US

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2174628

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEFIORE, STEPHEN
U.S. HWY 41 NO. OF INVERNESS MUNICIPAL ARPT
INVERNESS, FL 32650

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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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000387854
01/19/06-80056-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME DEFIORE, STEPHEN
STREET ADDRESS POB 981 N/A
CITY-ST-ZIP INVERNESS, FL

TITLE ST
NAME DEFIORE, MADELINE
STREET ADDRESS POB 981 N/A
CITY-ST-ZIP INVERNESS, FL

TITLE V
NAME DEFIORE, MICHAEL V.
STREET ADDRESS POB 981 N/A
CITY-ST-ZIP INVERNESS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Madelina Defiore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seij Tru...

1/13/06

352-786-21

Date

Daytime Phone #