

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F73619

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: DEFIORE ENTERPRISES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

3251 S. FLORIDA AVE.  
INVERNESS, FL 34452 US

## Current Mailing Address:

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

## New Mailing Address:

P. O. BOX 981  
INVERNESS, FL 34451 US

FEI Number: 59-2174628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DEFIORE, STEPHEN  
8807 E. REN PLACE  
INVERNESS, FL 34450 US

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.

SIGNATURE:

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DEFIORE, STEPHEN,  
Address: POB 981 N/A  
City-St-Zip: INVERNESS, FL

Title: ST ( ) Delete  
Name: DEFIORE, MADELINE,  
Address: POB 981 N/A  
City-St-Zip: INVERNESS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DEFIORE, STEPHEN,  
Address: 8807 E. REN PLACE  
City-St-Zip: INVERNESS, FL 34450 US

Title: ST (X) Change ( ) Addition  
Name: DEFIORE, MADELINE,  
Address: 8807 E. REN PLACE  
City-St-Zip: INVERNESS, FL 34450 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELINE DEFIORE

ST

01/17/2008

Electronic Signature of Signing Officer or Director

Date