## ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # K81413**

1. Entity Name

LOUIS DIBILEO, SR. INC.



FILED Apr 14, 2004 08:00 AM Secretary of State

Principal Place of Business

1296 CLAYS TRAIL OLDSMAR, FL 34677

7 118

Mailing Address

1296 CLAYS TRAIL OLDSMAR, FL 34677

US



04112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2935898

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DIBILEO, LOUIS SR. 1296 CLAYS TRAIL OLDSMAR, FL OLDSMAR, FL 34677

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8.	The above named entity submits this statement for the pathe obligations of registered agent.	ourpose of changing	its registered office	ce or r	egistered agent, or bo	th, in the State of Florida. I am fami	liar with, and accer
SI	GNATURE Signature, typed or printed name of registered agent and title	Kappilcable. (	NOTE: Registered Agent :	signature	required when reinstating)	DATE	:
	FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees	U00000112747 04/14/04-80036-003	150.00
10	D. OFFICERS AND DIRECT	CTORS		777.73	nagrami sa sa nagan sa nangan sa na sa sangan Na laka laka sa na na nakabahahahahahahahahahahahahahahahahahah	ha manna mangan kang manana ang manana ang mangan kang mangan mangan sa mangan sa mangan kang ban sa mangan ka Kang dagan di kang da dag kang dag kang mangan kang mangan kang mangan kang mangan kang mangan kang dag kang d	

D TITLE DIBILEO, LOUIS SR. NAME STREET ADDRESS 1296 CLAYS TRAIL CITY-ST-ZIP OLDSMAR, FL 34677 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SOMETIME AND THEFT OF STRUCTURE OF STRUCTURE OF PROPERTY.

127-1872273