

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000041786

1. Entity Name
THE DILLENGERS INC



**FILED
Jul 28, 2004 8:00 am
Secretary of State**

07-28-2004 90024 021 ***150.00

44050330



07092004 Chg-P CR2E034 (10/03)

Principal Place of Business
160 GARIBE CT
WEST PALM BEACH, FL 33413 PA

Mailing Address
160 GARIBE CT
WEST PALM BEACH, FL 33413 PA

2. Principal Place of Business
160 Caribe CT
Suite, Apt. #, etc.

3. Mailing Address
160 Caribe CT
Suite, Apt. #, etc.

City & State
W. Palm Beach FL
Zip **33413** Country **33413**

City & State
W. Palm Beach FL

4. EIN Number
27-0054115

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KIELSING, ROBERT A
4793 N COGRESS AVE
SUITE 206
BOYNTON BEACH, FL 33426**

7. Name and Address of New Registered Agent
Name **RICK ROSSANO**
Street Address (P.O. Box Number is Not Acceptable)
160 Caribe CT
City **W. Palm Beach** Zip Code **FL 33413**

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 *Rick Rossano*

7/12/04

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
Due by September 8, 2004**

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSSANO, RICK 160 GARIBE CT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rossano, Rick 160 Caribe CT W. Palm Beach FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ANDERSON, GEORGE 160 GARIBE CT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. Anderson, George 160 Caribe CT W. Palm Beach, FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GONZALEZ, CHARLES 160 GARIBE CT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Gonzalez, Charles 160 Caribe CT W. Palm Beach, FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: *Rick Rossano*

7/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #