



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000051378	
1. Entity Name DIBELLA ENTERPRISES, INC.	

Principal Place of Business 3110 WOOD VALLEY RD PANAMA CITY, FL 32405	Mailing Address 3110 WOOD VALLEY RD PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE

	
04152008 No Chg-P	CR2E034 (11/05)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIBELLA, MARIA 3110 WOOD VALLEY RD PANAMA CITY, FL 32405	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 _____ 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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000299481 04/28/08-80040-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBELLA, MARIA 3110 WOOD VALLEY RD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORIO, CARMELINA 932 CHOKE CHERRY CT WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBELLA, CARMELINA 3110 WOOD VALLEY RD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria DiBella Maria DiBella **4-15-08 850-596-9436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #