


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90084 018 \*\*\*150.00

<b>DOCUMENT # P95000082895</b> 1. Entity Name <b>DIROB ENTERPRISES, INC.</b>					
Principal Place of Business <b>1825 TAMiami TRAIL F-2 PORT CHARLOTTE FL 33948</b>			Mailing Address <b>1825 TAMiami TRAIL F-2 PORT CHARLOTTE FL 33948</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3345044</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBILLARD, ANDRE 3329 PELLAM PORT CHARLOTTE FL 33948-A</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>3345 PENNY ROYAL RD</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33953</b>		
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 <u>ANDRE Robillard</u> <u>Claudine Robillard</u> <u>02/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROBILLARD, CLAUDINE</b> <b>3329 PELLAM</b> <b>PORT CHARLOTTE FL 33948</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3345 PENNY ROYAL RD</b> <b>PORT CHARLOTTE, FL. 33953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBILLARD, ANDRE</b> <b>3329 PELLAM</b> <b>PORT CHARLOTTE FL 33948</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3345 PENNY ROYAL RD</b> <b>PORT CHARLOTTE FL. 33953</b>	
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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 exemptions contained in Section 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 <u>Claudine Robillard</u> <u>CLAUDINE Robillard</u> <u>02/14/06</u> <u>941-766-9886</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					