


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000037978  
1. Entry Name  
DIBBY, INC.



Principal Place of Business      Mailing Address  
1131 DADE ST                      1131 DADE ST  
QUINCY, FL 32351                  QUINCY, FL 32351

**DO NOT WRITE IN THIS SPACE**



02072005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
59-3607916              Not Applicable

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

6. Name and Address of Current Registered Agent  
  
MCMILLAN, WILLIAM N  
1131 DADE ST  
QUINCY, FL 32351

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAW, RODERICK K JR 4409 BROOKWOOD DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMILLAN, MARY S 312 N 9TH ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCMILLAN, WILLIAM N JR 1131 DADE ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCMILLAN, STUART B 1131 DADE ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHAW, RODERICK K III 1131 DADE ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/10/05-80007-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 will be address, with all other like companies.

SIGNATURE: *William N McMillan Jr*      8/2/05      888 875 1471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #