

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000084827

1. Entity Name
LOIERO 5, INC.



Principal Place of Business
**5792 S SUNCOAST BOULEVARD
HOMOSASSA, FL 34446 US**

Mailing Address
**5792 S SUNCOAST BOULEVARD
HOMOSASSA, FL 34446 US**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3598754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOIERO, JOSEPH
5792 S SUNCOAST BOULEVARD
HOMOSASSA, FL 34446**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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
**PD
LOIERO, JOSEPH
5792 S SUNCOAST BOULEVARD
HOMOSASSA, FL 34446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
LOIERO, PETER
5792 S SUNCOAST BOULEVARD
HOMOSASSA, FL 34461**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
LOIERO, JAMES
5792 S SUNCOAST BOULEVARD
HOMOSASSA, FL 34461**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
LOIERO, FRANK
5792 S SUNCOAST BOULEVARD
HOMOSASSA, FL 34461**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UG00000400333
02/01/06-80048-017 150.00

**DO NOT WRITE
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 507, 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: *Joseph Loiero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06

Date

Daytime Phone #