

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 <input type="checkbox"/>	\$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. <input type="checkbox"/> \$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	

DO NOT WRITE IN THIS SPACE

UG0000400333
 02/01/06-80048-017 150.00

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 **1-23-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #