

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 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



01202007 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOIERO, JOSEPH
STREET ADDRESS 5792 S SUNCOAST BOULEVARD
CITY-ST-ZIP HOMOSASSA, FL 34446

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000613157
02/05/07-80027-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-07 (352) 628-3624