

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084827

FILED  
Jan 15, 2011  
Secretary of State

Entity Name: LOIERO 5, INC.

**Current Principal Place of Business:**

5792 S SUNCOAST BOULEVARD  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

5792 S SUNCOAST BOULEVARD  
HOMOSASSA, FL 34446 US

**New Mailing Address:**

FEI Number: 59-3598754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOIERO, JOSEPH  
Address: 5792 S SUNCOAST BOULEVARD  
City-St-Zip: HOMOSASSA, FL 34446

Title: T  
Name: LOIERO, PETER  
Address: 5792 S SUNCOAST BOULEVARD  
City-St-Zip: HOMOSASSA, FL 34446

Title: S  
Name: LOIERO, JAMES  
Address: 5792 S SUNCOAST BOULEVARD  
City-St-Zip: HOMOSASSA, FL 34446

Title: VP  
Name: LOIERO, FRANK  
Address: 5792 S SUNCOAST BOULEVARD  
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH LOIERO

PD

01/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date