

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092648

Entity Name: DIMEOLA & COMPANY, INC.

FILED  
Jul 09, 2007  
Secretary of State

**Current Principal Place of Business:**

17789 LITTEN DRIVE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

17789 LITTEN DRIVE  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 65-0960736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLECKER, STEVEN R  
6600 N ANDREWS AVE SUITE 306  
FT LAUDERDALE, FL 33309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: DIMEOLA, RICHARD  
Address: 17789 LITTEN DRIVE  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: DIMEOLA, RICHARD  
Address: 17798 LITTEN DRIVE  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD L. DIMEOLA

CHMN

07/09/2007

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

\_\_\_\_\_ Date