2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

Ck # 813
3/24/2005
$ 150.00

DOCUMENT # P99000111391

1. Entity Name
DIMMITT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
25191 U.S. HWY. 19 NORTH CLEARWATER, FL 33763	25191 U.S. HWY. 19 NORTH CLEARWATER, FL 33763

DO NOT WRITE IN THIS SPACE

03072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3621139
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000279008
03/28/05 00048 017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIMMITT, LARRY H
STREET ADDRESS	150 WILLADEL DRIVE
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	VPD
NAME	DIMMITT, LAWRENCE H III
STREET ADDRESS	1015 BAY ESPLANDE
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	VPD
NAME	DIMMITT, RICHARD R
STREET ADDRESS	965 BAY ESPLANDE
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	TD
NAME	DIMMITT, BENJAMIN I
STREET ADDRESS	34 WEST 88 STREET #2
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	SD
NAME	MAGIDSON, EILEEN D
STREET ADDRESS	981 BAY ESPLANDE
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Larry H Dimmitt 3/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #