## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 19, 2007 08:00 A Secretary of State DOCUMENT # P99000111391 1. Entity Name DIMMITT ENTERPRISES, INC. Principal Place of Business Mailing Address 25191 U.S. HWY. 19 NORTH 25191 U.S. HWY. 19 NORTH CLEARWATER, FL 33763 CLEARWATER, FL 33763 02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3621139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAYMOND, J. PAUL DO NOT WRITE **625 COURT STREET** SUITE 200 IN THIS SPACE CLEARWATER, FL 33756 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 tide if applicable. (NOTE: Recistered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DIMMITT, LARRY H 150 WILLADEL DRIVE STREET ADDRESS CITY-ST-ZIP BELLEAIR, FL 33756 VPD TITLE NAME DIMMITT, LAWRENCE H III 1015 BAY ESPLANDE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33767 VPD DIMMITT, RICHARD R NAME STREET ADDRESS 965 BAY ESPLANDE DO NOT WRITE CITY-ST-ZIE CLEARWATER, FL 33767 IN THIS SPACE TITLE NAME DIMMITT, BENJAMIN I STREET ADDRESS 34 WEST 88 STREET #2 NEW YORK, NY 10024 CITY-ST-ZIP TITLE MAGIDSON, EILEEN D NAME STREET ADDRESS 981 BAY ESPLANDE CITY-ST-7IP CLEARWATER, FL 33767

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CHY-ST-ZIP

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