

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P99000111391

1. Entity Name
DIMMITT ENTERPRISES, INC.



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

Mailing Address
**25191 U.S. HWY. 19 NORTH
CLEARWATER, FL 33763**

DO NOT WRITE IN THIS SPACE



01252008 No Chg-P CR2E034 (11/05)

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	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	

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04/24/08-80055-013 150.00

**DO NOT WRITE
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

1/28/2008

Date

(727) 791-3742

Daytime Phone #