

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000111391 1. Entity Name DIMMITT ENTERPRISES, INC.	
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Principal Place of Business 25191 U.S. HWY. 19 NORTH CLEARWATER, FL 33763	Mailing Address 25191 U.S. HWY. 19 NORTH CLEARWATER, FL 33763
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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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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00000835098
 04/24/08-80055-013 150.00

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: *Larry Dimmitt* 1/28/2008 (727) 791-3742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #