## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000111391

Entity Name: DIMMITT ENTERPRISES, INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	. HWY. 19 NO ATER, FL 33				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	. HWY. 19 NO ATER, FL 33				
FEI Number:	59-3621139	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
SUITE 200	T STREET	756 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( DIMMITT, LAF 150 WILLADE BELLEAIR, FI	L DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD ( DIMMITT, LAV 1015 BAY ES CLEARWATE	PLANDE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD ( DIMMITT, RIC 965 BAY ESP CLEARWATE	LANDE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD ( DIMMITT, BEN 34 WEST 88 S NEW YORK, N	STREET #2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SD ( MAGIDSON, E 981 BAY ESP		Title: Name: Address:	() Change () Addition	

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: LARRY H DIMMITT PD 03/27/2009