


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 310137**  
 1. Entity Name  
**ELECTROMOTIVE DIESEL CORPORATION**



Principal Place of Business      Mailing Address  
**5199 NW EDGARTON TERR (34983)**      **5199 NW EDGARTON TERR (34983)**  
**PO BOX 8223**      **PO BOX 8223**  
**PORT ST LUCIE, FL 34985**      **PORT ST LUCIE, FL 34985**



03042005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-1562629**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ADZIMA, ANDREW J.**  
**5199 NW EDGARTON TERR**  
**POT ST LUCIE, FL 34983**

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADZIMA, ANDREW J.
STREET ADDRESS	5199 NW EDGARTON TERR
CITY - ST - ZIP	PORT ST LUCIE, FL
TITLE	SD
NAME	ADZIMA, DOROTHY M.
STREET ADDRESS	5199 NW EDGARTON TERR
CITY - ST - ZIP	PORT ST LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/21/05-80029-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  **ANDREW J. ADZIMA, PRESIDENT**    **APRIL 15, 2005**    **(772) 878-8410**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #