

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) *

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # 310137

1. Entity Name

ELECTROMOTIVE DIESEL CORPORATION



Principal Place of Business

5199 NW EDGARTON TERR (34983)
PO BOX 8223
PORT ST LUCIE FL 34985

Mailing Address

5199 NW EDGARTON TERR (34983)
PO BOX 8223
PORT ST LUCIE FL 34985



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-1562629**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADZIMA, ANDREW J.
5199 NW EDGARTON TERR
PORT ST LUCIE FL 34983

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 person 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, which other I am empowered.

SIGNATURE *Andrew J. Adzima* **ANDREW J. ADZIMA, PRESIDENT** **APRIL 17, 2007** **(772) 878-8410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #