

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90034 007 ***150.00



DOCUMENT # 519743

1. Entity Name
DIEMOLD MACHINE COMPANY, INC.

Principal Place of Business
**2350 BRUNER LN SE
 SO COMMERCIAL PK
 FT MYERS FL 33912
 US**

Mailing Address
**2350 BRUNER LN SE
 SO COMMERCIAL PK
 FT MYERS FL 33912
 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

4. FEI Number **34-0969606** Applied For
 Not Applicable

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	
BOEHNKE, ULRICH K. 2350 BRUNER LN. S. COMMERCIAL INDUSTRIAL PARK FT. MYERS FL 33912				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 if 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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOEHNKE, ULRICH K			NAME			
STREET ADDRESS	2350 BRUNER LANE SE			STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 00000			CITY-ST-ZIP			
TITLE	R	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOEHNKE, ULRICH K.			NAME			
STREET ADDRESS	6788 DANAH CT			STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRYAN, DONALD T			NAME	BRYANT, DONALD		
STREET ADDRESS	841 WINDING OAKS			STREET ADDRESS	9701 LAS CASAS DR.		
CITY-ST-ZIP	PALM HARBOR FL			CITY-ST-ZIP	FORT MYERS, FL 33919		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 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: _____ *2-7-07* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #