


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90008 047 ***150.00

DOCUMENT # F00000001681 1. Entity Name DIAB GENERAL INC.	
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Principal Place of Business 315 SEAHAWK DRIVE DESOTO, TX 75115	Mailing Address 315 SEAHAWK DRIVE DESOTO, TX 75115
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94034654



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2850966	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2004 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	PVT CALDWELL, JEREMY C 315 SEAHAWK DRIVE DESOTO, TX 75115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FENDER, RUBY 315 SEAHAWK DRIVE DESOTO, TX 75115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDIN, SVEN 315 SEAHAWK DRIVE DESOTO, TX 75115 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLMERT, HARALD 315 SEAHAWK DRIVE DESOTO, TX 75115 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Chairman PAULSSON, ANDERS 315 SEAHAWK DR. DESOTO, TX 75115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter Sundback 315 Seahawk Dr Desoto, TX 75115

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ruby Fender*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-10-04 **972-228-7641**
Date Daytime Phone #