


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000001681**

1. Entity Name  
**DIAB GENERAL INC.**



Principal Place of Business      Mailing Address

**315 SEAHAWK DRIVE**      **315 SEAHAWK DRIVE**  
**DESOTO, TX 75115**      **DESOTO, TX 75115**

**DO NOT WRITE IN THIS SPACE**



02212005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**75-2850966**      Applied For  
 Not Applicable

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

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**

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 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	DC PAULSSON, ANDERS 315 SEAHAWK DR. DESOTO, TX 75115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNDBACK, PETER 315 SEAHAWK DR. DESOTO, TX 75115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

04/15/05-80017-010 150.00

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:** Ruby Fender      3/24/05      972-228-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #