

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005940

1. Entity Name
DIAMOND WALNUT GROWERS, INC.



Principal Place of Business
**1050 S. DIAMOND ST.
STOCKTON, CA 95205**

Mailing Address
**P.O. BOX 1727
STOCKTON, CA 95201-1727**

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number
94-1365192

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	GILBERT, JOHN
STREET ADDRESS	1050 S. DIAMOND ST.
CITY-ST-ZIP	STOCKTON, CA 95205
TITLE	VC
NAME	WAGGERSHAUSER, WILLIAM
STREET ADDRESS	1050 S. DIAMOND ST.
CITY-ST-ZIP	STOCKTON, CA 95205
TITLE	D
NAME	TOS, BILL
STREET ADDRESS	1050 S. DIAMOND ST.
CITY-ST-ZIP	STOCKTON, CA 95205
TITLE	D
NAME	SKINNER, DAVE
STREET ADDRESS	1050 S. DIAMOND ST.
CITY-ST-ZIP	STOCKTON, CA 95205
TITLE	P
NAME	MENDES, MICHAEL
STREET ADDRESS	1050 S. DIAMOND ST.
CITY-ST-ZIP	STOCKTON, CA 95205
TITLE	V
NAME	FORD, GARY
STREET ADDRESS	1050 S. DIAMOND ST.
CITY-ST-ZIP	STOCKTON, CA 95205

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08/04/04-80003-012 550.00

**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)(b), 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:

Debra Donaghy - Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra Donaghy 7/14/04 209-467-6701
Date Daytime Phone #