


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F02000005940 1. Entity Name DIAMOND WALNUT GROWERS, INC.	
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Principal Place of Business 1050 S. DIAMOND ST. STOCKTON, CA 95205	Mailing Address P.O. BOX 1727 STOCKTON, CA 95201-1727
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-1365192	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GILBERT, JOHN 1050 S. DIAMOND ST. STOCKTON, CA 95205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WAGGERSHAUSER, WILLIAM 1050 S. DIAMOND ST. STOCKTON, CA 95205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOS, BILL 1050 S. DIAMOND ST. STOCKTON, CA 95205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKINNER, DAVE 1050 S. DIAMOND ST. STOCKTON, CA 95205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDES, MICHAEL 1050 S. DIAMOND ST. STOCKTON, CA 95205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORD, GARY 1050 S. DIAMOND ST. STOCKTON, CA 95205

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04/15/05-80045-010 150.00

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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:  **Matt Connors** 4-7-05 209-467-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #