

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003024

1. Entity Name
DIAMOND FOODS, INC.



Principal Place of Business
1050 S DIAMOND STREET
STOCKTON, CA 95205

Mailing Address
PO BOX 1727
STOCKTON, CA 95201



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2556965

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MENDES, MICHAEL
STREET ADDRESS	1050 S DIAMOND STREET
CITY-ST-ZIP	STOCKTON, CA 95205

TITLE	D
NAME	FORD, GARY
STREET ADDRESS	1050 S DIAMOND STREET
CITY-ST-ZIP	STOCKTON, CA 95205

TITLE	DT
NAME	HALIO, SETH
STREET ADDRESS	1050 S DIAMOND STREET
CITY-ST-ZIP	STOCKTON, CA 95205

TITLE	S
NAME	KEIPER, SAMUEL
STREET ADDRESS	1050 S DIAMOND STREET
CITY-ST-ZIP	STOCKTON, CA 95205

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000710690
04/25/07-80053-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Date

(209) 467-6220

Daytime Phone #