

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005611

1. Entity Name
DIAMOND COMIC DISTRIBUTORS, INC.



Principal Place of Business
**1966 GREENSPRING DRIVE, SUITE 300
TIMONIUM, MD 21093**

Mailing Address
**1966 GREENSPRING DRIVE, SUITE 300
TIMONIUM, MD 21093**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1243450

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEONARD, RON
9848 GRAND VERDE WAY, APT. 1116
BOCA RATON, FL 33428-3520**

**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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000552016
05/13/06-80121-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHANES, BILL
STREET ADDRESS	6B WINDMILL CHASE
CITY-ST-ZIP	GLENCOVE, MD 21152
TITLE	D
NAME	HONE, JOHN
STREET ADDRESS	8630 FENTON STREET, SUITE 108
CITY-ST-ZIP	SILVER SPRINGS, MD 20910
TITLE	P
NAME	GEPPI, STEPHEN A
STREET ADDRESS	4040 STEWART ROAD
CITY-ST-ZIP	STEVENSON, MD 21153
TITLE	VS
NAME	PARKER, CHARLES A
STREET ADDRESS	12 OVERSHOT COURT
CITY-ST-ZIP	PHOENIX, MD 21131
TITLE	T
NAME	SWANSON, LARRY R
STREET ADDRESS	5 BRETT MANOR COURT
CITY-ST-ZIP	COCKEYSVILLE, MD 21030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #