


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F86991 1. Entity Name DIESEL INJECTION SERVICE OF MARTIN COUNTY, INC.	
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Principal Place of Business 2988 SE MONROE ST. STUART, FL 34997	Mailing Address 2988 SE MONROE ST. STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2196135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRANKE, ALFRED H. 2988 S.E. MONROE ST. STUART, FL 33497
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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, 2004 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	D FRANKE, ALFRED 2988 S.E. MONROE ST. STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FRANKE, LUCILLE 2988 S.E. MONROE ST. STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SNYDER, JOHN 2988 S.E. MONROE ST. STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEVANNY, JOHN 2988 S.E. MONROE ST. STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RADICH, RONALD 2988 S.E. MONROE ST. STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000137724 04/29/04-80052-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Lucille Franke, Sec. Treas. 4/27/04 772-283-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #