

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K10424

1. Entity Name
DIEKEMA ENTERPRISES, INC.



Principal Place of Business
**261 SW 32RD AVE
DEERFIELD BEACH, FL 33442**

Mailing Address
**261 SW 32RD AVE
DEERFIELD BEACH, FL 33442**

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



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0024936

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DIEKEMA, ROBERT D.
DIEKEMA ENTERPRISES, INC.
261 S.W. 32ND AVENUE
DEERFIELD BEACH, FL 33442**

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIEKEMA, ROBERT D.
STREET ADDRESS	261 S.W. 32ND AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	DIEKEMA, SARA
STREET ADDRESS	261 S.W. 32ND AVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000414507
02/11/06-80038-021 150.00

**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 #

1/27/06 954-429-968