

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L27256

1. Entity Name
DIAMONDBACK MANUFACTURING, INC.



Principal Place of Business

BOBBY FLECKINGER
1060 COX ROAD
COCOA, FL 32926

Mailing Address

1060 COX ROAD
COCOA, FL 32926

FILED
May 03, 2004 08:00 AM
Secretary of State



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2972832

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

FLECKINGER, BOBBY V
1060 COX ROAD
COCOA, FL 32926

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's signature required when re-statuting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
FLECKINGER, BOBBY VANCE
1060 COX ROAD
COCOA, FL 32926

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPS1
FLECKINGER, FRANCES C
1060 COX ROAD
COCOA, FL 32926

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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05/04/04-80019-018 150.00

DO NOT WRITE
IN THIS SPACE

Pol CR # 13901
4/29/04

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:

Frances Fleckinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

321-653-560
Daytime Phone #