2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L83103

1. Entity Name
DIAMOND PRECISION MACHINE, INC.

Principal Place of Business	Mailing Address
2300 COMMERCE PARK DR. SUITE 5(A), WOODLAKE COMMERCE CENTER PALM BAY, FL 32905	2300 COMMERCE PARK DR. SUITE 5(A), WOODLAKE COMMERCE CENTER PALM BAY, FL 32905

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02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3019393
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SQUILLANTE, MICHAEL J.
2300 COMMERCE PARK DR., SUITE 5(A)
WOODLAKE COMMERCE CENTER
PALM BAY, FL 32905

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SQUILLANTE, MICHAEL J.
STREET ADDRESS	1353 UNTER AVE., NW
CITY-ST-ZIP	PALM BAY, FL
TITLE	DST
NAME	SQUILLANTE, ROBIN
STREET ADDRESS	1353 UNTER AVE NW
CITY-ST-ZIP	PALM BAY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80077-017 150.00

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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: _____ MICHAEL J SQUILLANTE 4-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #