

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/29/2004-90257-027-\$150.00-\$150.00

DOCUMENT # P02000035703

1. Entity Name

DIAMONDBACK TRANSPORTATION INC



FILED

04 JUN 10 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business
2950 HICKORY GROVE DR
VALRICO FL 33594

Mailing Address
2950 HICKORY GROVE DR
VALRICO FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 06-1595633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSANDICH, NICHOLAS
2950 HICKORY GROVE DR
VALRICO FL 33594

Name Rosandich, Nicholas

Street Address (P.O. Box Number is Not Acceptable)

112 FIELD LN

City Seffner FL Zip Code 33584

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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ROSANDICH, NICHOLAS
STREET ADDRESS 2950 HICKORY GROVE DR
CITY-ST-ZIP VALRICO FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME Nicholas Rosandich III
STREET ADDRESS 112 Field Ln
CITY-ST-ZIP Seffner FL 33584

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Nicholas Rosandich III

6-1-04

8138100167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #