


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90020 005 ***150.00

DOCUMENT # P03000074951

1. Entity Name
DIODE CORPORATION



Principal Place of Business Mailing Address

4440-1524 SW ARCHER ROAD 4440-1524 SW ARCHER ROAD
 GAINESVILLE, FL 32608 GAINESVILLE, FL 32608

2. Principal Place of Business 3. Mailing Address

301 DIAMOND VILLAGE #3 **301 DIAMOND VILLAGE #3**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

GAINESVILLE, FL **GAINESVILLE, FL**

Zip Zip Country Country

32603 **32603** **U.S.** **U.S.**

45-0519732

08182004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

HOLOBOFF, ROBERT
 4440-1524 SW ARCHER ROAD
 GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name: **HOLOBOFF, ROBERT**

Street Address (P.O. Box Number is Not Acceptable):
301 DIAMOND VILLAGE #3

City: **GAINESVILLE** State: **FL** Zip Code: **32603**

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 _____ (NOTE: Registered Agent signature required when removing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLOBOFF, ROBERT 4440-1524 SW ARCHER ROAD GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP HOLOBOFF, ROBERT 301 DIAMOND VILLAGE #3 GAINESVILLE, FL 32603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUELLE, CYNTHIA 4440-1524 SW ARCHER ROAD GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUELLE, CYNTHIA 301 DIAMOND VILLAGE #3 GAINESVILLE, FL 32603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: **X Robert A. Holo** (352) 846-5763 **ROBERT HOLOBOFF** Date: **18 August 04** Daytime Phone #: **352-846-5763**