


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000074951 1. Entity Name DIODE CORPORATION	
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Principal Place of Business 301 DIAMOND VILLAGE #3 GAINESVILLE, FL 32603	Mailing Address 301 DIAMOND VILLAGE #3 GAINESVILLE, FL 32603
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04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0519732	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent HOLOBOFF, ROBERT 301 DIAMOND VILLAGE GAINESVILLE, FL 32603
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP HOLOBOFF, ROBERT 301 DIAMOND VILLAGE #3 GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUDELL, CYNTHIA 301 DIAMOND VILLAGE #3 GAINESVILLE, FL 32603
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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)(f), 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:  **ROBERT HOLOBOFF** **4/24/05 (352) 846 5723**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #