

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000081404

1. Entity Name  
DIAMONDBACK ENGINEERING, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 AUG 27 AM 11:50

Principal Place of Business  
3502 HENDERSON BLVD.  
SUITE 203  
TAMPA, FL 33609 US

Mailing Address  
3502 HENDERSON BLVD.  
SUITE 203  
TAMPA, FL 33609 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08252004 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0110736

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

WATERS, CODY W  
501 E KENNEDY BLVD STE 1700  
TAMPA, FL 33602

Name

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

City

FL

Zip Code

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 \_\_\_\_\_

Amended AR is \$61.25

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 D ☐ Delete  
NAME WOMACK, MICHAEL W  
STREET ADDRESS 2990 ALTON DRIVE  
CITY-ST-ZIP ST PETERSBURG, FL 337062704

TITLE ☐ Change ☐ Addition  
NAME 100041257031  
STREET ADDRESS 09/22/04--01035--004 \*\*\$61.25  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TINTERA, ROBERT H  
STREET ADDRESS 117 ADALIA AVE  
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME Ralph Elenbaum  
STREET ADDRESS 15325 Winding Creek Drive  
CITY-ST-ZIP Tampa FL 33613

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an other line empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Womack 8-25-04 813 350-0080