2007 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # P05000066170** DIAMOND AIRCRAFT PILOTS/OWNERS ORGANIZATION. INC.



Principal Place of Business

8630 REGAL LN HUDSON, FL 34667 Mailing Address

8630 REGAL LN HUDSON, FL 34667

FILED Mar 12, 2007 8:00 am Secretary of State

03-12-2007 90107 040 ***150.00

DUU23085:



DO NOT WRITE IN THIS SPACE

02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2794734 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIETZ, LANCE 8630 REGAL LN HUDSON, FL 34667

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IN	THIS	SS	PA	CE

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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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10. 🤫	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIETZ, LANCE 8630 REGAL LANE HUDSON, FL 34667							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIETZ, MARY ANN 8630 REGAL LANE HUDSON, FL 34667			*				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLER, CHRIS 8630 REGAL LANE HUDSON, FL 34667	_		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			į	IN ⁻	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 attachmost with an address, with all other like empowered.								