2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000088943

1. Entity Name

R. DIEMER MANAGEMENT, INC.



03022004

Principal Place of Business

SIGNATURE:

4328 40TH ST., SOUTH ST. PETERSBURG, FL 33711 Mailing Address

4328 40TH ST., SOUTH ST. PETERSBURG, FL 33711

FILED Mar 11, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-3606160 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

CR2E034 (10/03)

7278670041

No Chg-P

6. Name and Address of Current Registered Agent	
CLARK, JAMES L ESQ. 1902 S. MACDILL AVE.	DO NOT WRITE
TAMPA, FL 33629	IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	surpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and little	if applicable. (NOTE Registered	Agent signatura	required when reinstaling)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financian Trust Fund Contribution.			cing 📑	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	19 1 1115,311,11175,011		Samuel and the same of the sam		
TITLE NAME STREET ADDRESS CRY-ST-ZIP	D DIEMER, ROBERT 4328 40TH ST., SOUTH ST. PETERSBURG, FL 33711				U00000084503		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/11/04-80009-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP							
HTLE NAME STREET ADDRESS CHY-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 cath; 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.							
010NATURE 6 NOX W 1 / KING 1 10 /01/ 72786/09/							

KLW-WE OF SIGNING OFFICER OR DIRECTOR