

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90142 024 \*\*\*\*\*8.75  
05-09-2005 90283 045 \*\*\*141.25

**DOCUMENT # P99000088943**

1. Entity Name  
**R. DIEMER MANAGEMENT, INC.**



Principal Place of Business  
**4328 40TH ST., SOUTH  
ST. PETERSBURG FL 33711**

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

**14017206**



2. Principal Place of Business  
**St. Petersburg, FL 33711**

3. Mailing Address  
**Robert M. Diemer  
4328 40th Street South  
St. Petersburg, Fla. 33711**

1st MOORE CR2E034 (10/04)

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

Zip  
**33711**

Country  
**PineHills**

Zip  
**33711**

Country  
**PineHills**

4. FEI Number  
**59-3606160**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CLARK, JAMES L ESO.  
1902 S. MACDILL AVE.  
TAMPA FL 33629**

7. Name and Address of New Registered Agent  
Name  
**ROBERT M DIEMER**  
Street Address (P.O. Box Number is Not Acceptable)  
**4328 40 St. So.**  
City  
**St. Pete** FL Zip Code  
**33711**

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 *Robert M Diemer* DATE **5-1-04**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>D President DIEMER, ROBERT 4328 40TH ST., SOUTH ST. PETERSBURG FL 33711</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(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 all other like empowered.

SIGNATURE: *Robert M Diemer* DATE **5-3-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR