2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90025 005 ***150.00

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DOCUMENT # F03000003533

1. Entity Name
BLACK DIAMOND FLIGHT SERVICES, INC.

Principal Place of Business	Mailing Address
~~3505 SILVERSIDE ROAD~~ ~~206 PLAZA CENTRE BUILDING~~ ~~WILMINGTON, DE 19810~~	~~100 NORTH TAMPA ST., SUITE 3675~~ ~~TAMPA, FL 33602~~

2. Principal Place of Business	3. Mailing Address
100 North TAmpa Street	3505 Silverside Road
Suite, Apt. #, etc.: Suite 3675	Suite, Apt. #, etc.: 206 Plaza Centre Bldg.
City & State: Tampa, FL	City & State: Wilmington, DE
Zip: 33602 Country: USA	Zip: 19810 Country: USA

01122004 Chg-P CR2E034 (10/03)

4. FEI Number ~~APPLIED FOR~~ 35-2210125 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PGE~~ BUCHANAN, KIM P 100 NORTH TAMPA ST., SUITE 3675 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOOTD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BEALE, CHARLES L 100 NORTH TAMPA ST., SUITE 3675 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS VOSS, DEANNA 3505 SILVERSIDE ROAD, 206 PLAZA CTR BLDG WILMINGTON, DE 19810	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUCHANAN, KIM P 100 NORTH TAMPA ST., SUITE 3675 TAMPA, FL 33602	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO ROTHMAN, ROBERT 100 NORTH TAMPA ST., SUITE 3675 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCGC GIBBS, THOMAS E 50 NORTH LAURA STREET, SUITE 2800 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Deanna Voss Deanna Voss 1/22/04 302-479-4652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #