


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 488442</b>	
1. Entity Name <b>DIAMOND C LAND &amp; CATTLE CO.</b>	

Principal Place of Business <b>131 DAY ST NEWINGTON, CT 06111 US</b>	Mailing Address <b>PO BOX 330910 W HARTFORD, CT 06133-0910 US</b>
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08192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1630029</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DURHAM, JAMES  
2104 WATER MEET DR.  
TALLAHASSEE, FL 32312**

**DO NOT WRITE  
IN THIS SPACE**

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!!! FREE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERIN, MARK 131 DAY ST NEWINGTON, CT 06111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KERIN, MATTHEW A 131 DAY ST NEWINGTON, CT 06111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FITZGERALD, JOHN 49 WETHERSFIELD AVE HARTFORD, CT 06114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000170650  
08/23/04-80004-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** MARK E. KERIN **MARK E. KERIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-17-04**

Date

**860-953-6881**

Daytime Phone #