

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90025 007 ***150.00

DOCUMENT # F03000003083

1. Entity Name
BLACK DIAMOND GROUP, INC. A DELAWARE CORPORATION



Principal Place of Business
~~3505 SILVERSIDE ROAD, 206 PLAZA CENTER BLDG~~
WILMINGTON, DE 19810

Mailing Address
~~100 NORTH TAMPA STREET, SUITE 3675~~
TAMPA, FL 33602

5400244



2. Principal Place of Business
100 North Tampa Street
Suite, Apt. #, etc.
Suite 3675
City & State
Tampa, FL
Zip
33602 Country
USA

3. Mailing Address
3505 SilverSide Road
Suite, Apt. #, etc.
206 Plaza Centre Bldg.
City & State
Wilmington, DE
Zip
19810 Country
USA

01122004 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR 42-1596561 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE _____
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, 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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCHANAN, KIM P		NAME		
STREET ADDRESS	100 NORTH TAMPA ST., SUITE 3675		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	ce	<input type="checkbox"/> Delete	TITLE	CCED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTHMAN, ROBERT		NAME		
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 3675		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	Ve	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEALE, CHARLES L		NAME		
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 3675		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOSS, DEANNA		NAME		
STREET ADDRESS	3505 SILVERSIDE ROAD, 206 PLAZA CENTER BLD		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 19810		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VEGC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Gibbs, Thomas E.	
STREET ADDRESS			STREET ADDRESS	50 N. Laura Street, Suite 2800	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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 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** **1/2/04** **302-479-4652**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #