

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90046 020 \*\*\*150.00

**DOCUMENT # F03000003198**

1. Entity Name  
**BLACK DIAMOND AVIATION, INC.**



Principal Place of Business  
**ONE TAMPA CITY CENTER  
SUITE 2880  
TAMPA, FL 33602**

Mailing Address  
**3505 SILVERSIDE RD.  
TAMPA, FL 33602**

**50018831**



2. Principal Place of Business

3. Mailing Address

**3505 Silverside Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**206 Plaza Centre Building**

City & State

City & State

**Wilmington, DE**

Zip

Country

Zip

Country

**19810**

**USA**

01042005

Chg-P

CR2E034 (10/03)

4. FEI Number

**61-1452616**

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

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, 2005 Fee will be \$550.00**

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  
**CCEO  
ROTHMAN, ROBERT  
100 N TAMPA ST, STE 3675  
TAMPA, FL 33602** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCGC  
GIBBS, THOMAS E  
50 N LAURA ST, STE 2800  
JACKSONVILLE, FL 32202** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
BUCHANAN, KIM P  
100 N TAMPA ST, STE 3675  
TAMPA, FL 33602** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BEALE, CHARLES L  
100 N TAMPA ST, STE 3675  
TAMPA, FL 33602** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
VOSS, DEANNA  
3505 SILVERSIDE RD, 206 PLAZA CENTRE BLDG  
WILMINGTON, DE 19810** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**One Tampa City Center, Suite 2880  
Tampa, FL 33602** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**One Tampa City Center, Suite 2880  
Tampa, FL 33602** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**One Tampa City Center, Suite 2880  
Tampa, FL 33602** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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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, VP & Secretary; 1/12/05; (302) 479-4652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #