

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F76749

FILED
Jan 12, 2005
Secretary of State

Entity Name: DIAMOND PRODUCTS COMPANY

Current Principal Place of Business:

3120 WILLIAMS RD
BRANDON, FL US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1777
MANGO, FL 33550 US

New Mailing Address:

FEI Number: 59-2188406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, THAYER
3901 COCONUT PALM DR STE 100
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SCP (X) Delete
Name: ALEXANDER, DAVID
Address: 3901 COCONUT PALM DR
City-St-Zip: TAMPA, FL 33619

Title: SVPS () Delete
Name: COLUMBIA, PETE
Address: 3120 WILLIAMS RD.
City-St-Zip: BRANDON, FL 33510

Title: VP () Delete
Name: WELCHONS, CURTIS
Address: 3120 WILLIAMS RD.
City-St-Zip: BRANDON, FL 33510

Title: C () Delete
Name: BRIDGES, E. BARTON
Address: 3120 WILLIAMS RD.
City-St-Zip: BRANDON, FL 33510

Title: PD () Delete
Name: SMITH, THAYER
Address: 3120 WILLIAMS RD.
City-St-Zip: BRANDON, FL 33510

Title: VST () Delete
Name: STAFFORD, BRUCE
Address: 3120 WILLIAMS RD.
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE STAFFORD

VST

01/12/2005

Electronic Signature of Signing Officer or Director

Date