


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2004 90024 021 ***150.00

DOCUMENT # F97000000142	
1. Entity Name HOUSE OF DIAMONDS, INC.	

Principal Place of Business 3759 SURREY LANE SARASOTA, FL 34235-2417 US	Mailing Address C/O LARRY GEIMER, CPA 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236 US
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2. Principal Place of Business 1255 N. GULFSTREAM	3. Mailing Address
Suite, Apt. #, etc. UNIT 207	Suite, Apt. #, etc.

City & State SARASOTA, FL	City & State
Zip 34236-8903	Country



01142004 Chg-P CR2E034 (10/03)

4. FEI Number 36-2645517		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HARVEY, THELMA D 3759 SURREY LANE SARASOTA, FL 34235-2417		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1255 N. GULFSTREAM #207 City SARASOTA FL Zip Code 34236

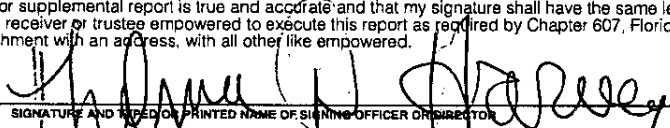
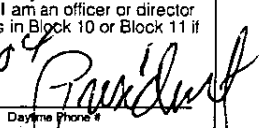
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HARVEY, THELMA D 3759 SURREY LANE SARASOTA, FL 34235-2417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1255 N. GULFSTREAM #207 SARASOTA, FL 34236 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HARVEY, G 3759 SURREY LANE SARASOTA, FL 34235-2417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1255 N. GULFSTREAM #207 SARASOTA, FL 34236 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **1-10-2004** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #