


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90018 034 \*\*\*150.00

<b>DOCUMENT-# F97000005492</b>		<b>RECEIVED</b>			
1. Entity Name <b>DIVERSIFIED INVESTMENTS - TBC, INC.</b>		<b>FEB 19 2004</b>			
Principal Place of Business <b>4340 ESAT WEST HIGHWAY SUITE 206 BETHESDA MD 20814 US</b>		Mailing Address <b>4340 ESAT WEST HIGHWAY SUITE 206 BETHESDA MD 20814 US</b>			
2. Principal Place of Business <b>7800 Persimmons Tree Lane</b>		3. Mailing Address <b>7800 Persimmon Tree Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Bethesda, MD</b>		City & State <b>Bethesda, MD</b>			
Zip <b>20814</b>	Country <b>USA</b>	Zip <b>20814</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>DIVERSIFIED INVESTMENTS - SILK OAK, LLC 28488 US HIGHWAY 19 NORTH CLEARWATER FL 33761</b>		7. Name and Address of New Registered Agent Name <b>Diversified Investments -</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 N. Hercules, Suite F</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33765</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO HAASE, BARRY 4340 EAST WEST HIGHWAY, STE 206 BETHESDA MD 20814</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOREAU, PHILIP 4340 EAST WEST HIGHWAY, STE 206 BETHESDA MD 20814</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

331-04