

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90003 016 ***150.00

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1. Entity Name
DIAMOND FERN, INC.



Principal Place of Business
**610 OLD HWY 17
CRESCENT CITY, FL 32112**

Mailing Address
**PO BOX 968
CRESCENT CITY, FL 32112**

50002385



01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3335931

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWBOLD, JOHN R. JR
RT 2 BOX 105
OLD HIGHWAY 17
CRESCENT CITY, FL 32112**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NEWBOLD, WILLIAM S III
STREET ADDRESS RT 2 BOX 960
CITY-ST-ZIP CRESCENT CITY, FL 32112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME NEWBOLD, JOHN R JR.
STREET ADDRESS OLD HIGHWAY 17
CITY-ST-ZIP CRESCENT CITY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V.
NAME AUSTIN, LINDA T
STREET ADDRESS 17725 WILLIS MCCALL RD.
CITY-ST-ZIP UMATILLA, FL 32784

TITLE
NAME
STREET ADDRESS 100 S. Tremain St. Unit H-3
CITY-ST-ZIP Mt. Dora, FL 32757

TITLE
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STREET ADDRESS
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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:

John R Newbold Jr
John R Newbold Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05
Date

3866981074
Daytime Phone #