## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # H50879 1. Entity Name DIAMOND HARDWARE & FARM SUPPLY, INC. Principal Place of Business Mailing Address 15353 OLD HWY 441 N OLD HIGHWAY 441 (P.O. BOX 126) P.O. BOX 126 OLD HIGHWAY 441 (P.O. BOX 126) REDDICK FL 32686 REDDICK FL 32686 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2516666 Not Applicat! Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWARD, JAMES Street Address (P.O. Box Number is Not Acceptable) 15353 OLD HIGHWAY 441 NORTH P.O. BOX 126 REDDICK FL 32686 City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-netating) DATE FILE NOW!!! FEE IS \$150.00 8. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change ☐ Addition 04/19/06-80010-023 150.00 HOWARD, JAMES NAME NAME STREET ADDRESS 2580 NE 98TH ST STREET ADDRESS CITY-ST-ZIF ANTHONY FL CITY-ST-ZIP TITLE ٧S Delete 31315 ☐ Change Addition. HOWARD, JERRY NAME STREET ADDRESS STREET ADDRESS 2352 NE 16TH AVENUE CHTY-ST-ZIP OCALA FL 34470 CITY-ST-ZIP TATLE ☐ Delete uta □ Change □ Addition NAME HOWARD, JOYCE NAME STREET ADDRESS STREET ADDRESS 2580 NE 98TH STREET CITY-ST-ZIP CITY-SI-ZIP ANTHONY FL ☐ Aderes Defete TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE 3110 Addition. ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addiii... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, 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:

Howard:

JAMES HOWARD

4-4-06

352-591-1461

**FILED**