

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H50879**

1. Entity Name  
**DIAMOND HARDWARE & FARM SUPPLY, INC.**



Principal Place of Business  
**15353 OLD HWY 441 N  
OLD HIGHWAY 441 (P.O. BOX 126)  
REDDICK, FL 32686 US**

Mailing Address  
**P.O. BOX 126  
OLD HIGHWAY 441 (P.O. BOX 126)  
REDDICK, FL 32686 US**



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2516666</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HOWARD, JAMES  
15353 OLD HIGHWAY 441 NORTH  
P.O. BOX 126  
REDDICK, FL 32686**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOWARD, JAMES 2580 NE 98TH ST ANTHONY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOWARD, JERRY 2352 NE 16TH AVENUE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, JOYCE 2580 NE 98TH STREET ANTHONY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000689614  
04/11/07-80041-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:** James Howard **JAMES HOWARD** 4-3-07 352-591-1461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #