

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90001 013 \*\*\*150.00

<b>DOCUMENT # H52316</b> 1. Entity Name <b>DIAMOND K INDUSTRIES, INC.</b>			
Principal Place of Business <b>260 BALDWIN RD P.O. BOX 1019 SATSUMA, AL 36572 US</b>		Mailing Address <b>135 WEST NORTH AVE BROOKSVILLE, FL 34601 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 662</b> Suite, Apt. #, etc.	
City & State <b>Homosassa FL</b>		4. FEI Number <b>59-2520624</b>	
Zip <b>34487</b>		Country <b>UNITED STATES</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KEGLEY, DAVID F. 135 WEST NORTH AVE BROOKSVILLE, FL 34601</b>		7. Name and Address of New Registered Agent Name <b>KEGLEY, DAVID F</b> Street Address (P.O. Box Number is Not Acceptable) <b>11689 W. GREGORY COURT</b> <del>(MAILING) P.O. BOX 662</del> City <b>HOMOSASSA</b> FL Zip Code <b>34487</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 <b>DAVID F. KEGLEY</b> <i>David F. Kegley</i> <b>7/9/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>KEGLEY, DAVID F. 135 WEST NORTH AVE BROOKSVILLE, FL 34601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11689 W. GREGORY COURT HOMOSASSA, FL 34487</b>
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
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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.			
<b>SIGNATURE:</b> <i>David F. Kegley</i> <b>7/9/04</b> <b>352-628-9617</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**DAVID F. KEGLEY**