


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # H72063 1. Entity Name DIAMOND CORE DRILLING, INC.		
Principal Place of Business 12006 HAVANA AVE. PORT RICHEY, FL 34654 US	Mailing Address 8077 ISLAND DR. PORT RICHEY, FL 34668	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOHNSON, ILLONA 8077 ISLAND DR. PORT RICHEY, FL 34668		DO NOT WRITE IN THIS SPACE
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>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, ILLONA 8077 ISLAND DR. PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHNSON, ROBIN 110502 MURROTT WAY LAND O'LAKES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, WAYNE 8077 ISLAND DR PT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, WAYNE JR 110502 MURROT WAY LAND O' LAKES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Illona Johnson</i></u> ILLONA JOHNSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-31-07</u> 727-856-3977 <small>Date Daytime Phone #</small>



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2571276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/07/07-80073-017 150.00

**DO NOT WRITE
IN THIS SPACE**