2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# J31997

Entity Name: BLACK DIAMOND PROPERTIES, INC.

Current Principal Place of Business:

2600 W BLACK DIAMOND CIR
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10000
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 59-2722265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STILLWELL, CLARK A
BANK OF INVERNESS BUILDING
320 HIGHWAY 41 SOUTH
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

CLARK A. STILLWELL, LLC
BANK OF INVERNESS BUILDING
320 HIGHWAY 41 SOUTH
INVERNESS, FL 34450 US

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.

SIGNATURE: CLARK A. STILLWELL 04/26/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: OLSEN, STANLEY C.,
Address: 2600 W. BLACK DIAMOND CIR
City-St-Zip: LECANTO, FL

Title: VD ( ) Delete
Name: LAGREE, TERRILL A
Address: 2600 W. BLACK DIAMOND CIR.
City-St-Zip: LECANTO, FL 34461

Title: T (X) Delete
Name: SELFRIDGE, MELISSA J
Address: 2600 W BLACK DIAMOND CIR
City-St-Zip: LECANTO, FL 34461

Title: VAS ( ) Delete
Name: TAYLOR, MARINA
Address: 2600 W BLACK DIAMOND CIR
City-St-Zip: LECANTO, FL 34461

Title: DS ( ) Delete
Name: STILLWELL, CLARK A
Address: 2600 W. BLACK DIAMOND CIR
City-St-Zip: LECANTO, FL 34461

Title: V ( ) Delete
Name: OLSEN, ELIZABETH M
Address: 2600 W. BLACK DIAMON CIR
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: OLSEN, STANLEY C
Address: 2600 W. BLACK DIAMOND CIR
City-St-Zip: LECANTO, FL 34461

Title: VT (X) Change ( ) Addition
Name: CAPPUCCILLI, JOSEPH G
Address: 2600 W. BLACK DIAMOND CIR.
City-St-Zip: LECANTO, FL 34461

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARINA C. TAYLOR VAS 04/26/2004
Electronic Signature of Signing Officer or Director Date