2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # J79984

1. Entity Name
CAPITAL COIN AND DIAMOND, INC.

Principal Place of Business	Mailing Address
CAPITAL COIN & DIAMOND INC. 1117 APALACHEE PKWY TALLAHASSEE, FL 32301 US	CAPITAL COIN & DIAMOND INC. 1117 APALACHEE PKWY TALLAHASSEE, FL 32301 US

DO NOT WRITE IN THIS SPACE

02262008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2817607
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAMPSON, PAUL D
1128 VICTORY GARDEN DR
TALLAHASSEE, FL 32301

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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 Paul D Sampson VP
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000850591
03/25/08-80004-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	KRICK, DANIEL L.
STREET ADDRESS	1515 MILTON ST
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	DVT
NAME	SAMPSON, PAUL D.
STREET ADDRESS	1128 VICTORY GARDEN DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paul D Sampson VP PAUL D. SAMPSON 3/5/08 8778281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #