## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

C/O JOHN MCDONALD

424-A NW 13TH ST GAINESVILLE FL 32601

## **DOCUMENT # K53736**

1. Entity Name

Principal Place of Business

C/O JOHN MCDONALD

424-A NW 13TH ST GAINESVILLE FL 32601

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

INTERNATIONAL GOLD & DIAMOND EXCHANGE, INC.

Country

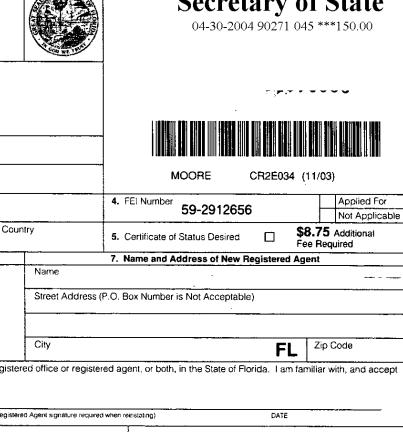
MCDONALD, JOHN

C/O JOHN MCDONALD 424-A NW 13TH ST **GAINESVILLE FL 32601** 

6. Name and Address of Current Registered Agent

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## FILED Apr 30, 2004 8:00 am Secretary of State



| 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 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, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  |  |          |                                       |           |                     |                |              |  |
| 10.  | OFFICERS AND DIRECTORS   |          | 11.                                   | ADDITIONS | /CHANGES TO OFFICER | RS AND DIRECTO | RS IN 11     |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | DP<br>MCDONALD, JOHN<br>424-A NW 13TH ST<br>GAINESVILLE FL 32601     | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |           |                     | ☐ Chang        | e 🔲 Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VST<br>MCDONALD, JOHN<br>315 A N.W. 13TH ST.<br>GAINESVILLE FL 32601 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |           |                     | ☐ Chang        | e 🔲 Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | -         |                     | □·Chang        | e 🔲 Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ·  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |           |                     | ☐ Chang        | e 🔲 Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ,         |                     | ☐ Chang        | e 🔲 Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |           |                     | ☐ Chang        |              |  |
| 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 of supplied the first and accounts and that my significant and the same level of th |  |          |                                       |           |                     |                |              |  |

rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director pered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the leceiver changed, or on an attachment w all other like empowered.

**SIGNATURE:** 

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR