


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K53736</b>		
1. Entity Name INTERNATIONAL GOLD & DIAMOND EXCHANGE, INC.		
Principal Place of Business C/O JOHN MCDONALD 424-A NW 13TH ST GAINESVILLE, FL 32601	Mailing Address C/O JOHN MCDONALD 424-A NW 13TH ST GAINESVILLE, FL 32601	



**DO NOT WRITE IN THIS SPACE**

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2912656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MCDONALD, JOHN
STREET ADDRESS	424-A NW 13TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	VST
NAME	MCDONALD, JOHN
STREET ADDRESS	315 A N.W. 13TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 32601
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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05/05/05-80015-014 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/29/05 ✓ 352-335-120  
Date Daytime Phone #