

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90176 007 \*\*\*150.00

**DOCUMENT # K77070**

1. Entity Name

DIAMOND SECURITY AND INVESTIGATIONS, INC.



Principal Place of Business

4975 PARK FOREST LOOP  
KISSIMMEE FL 34746

Mailing Address

4975 PARK FOREST LOOP  
KISSIMMEE FL 34746

2. Principal Place of Business

2755 Old Hickory Tree Rd.  
Suite, Apt. #, etc.

3. Mailing Address

2755 Old Hickory Tree Rd.  
Suite, Apt. #, etc.

City & State

St. Cloud FL

City & State

St. Cloud FL

Zip

34772

Country

Oscola

Zip

34772

Country

Oscola

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2964508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERSTICH, STEVE  
4975 PARK FOREST LOOP  
KISSIMMEE FL 39746

7. Name and Address of New Registered Agent

Name

STEVE HERSTICH

Street Address (P.O. Box Number is Not Acceptable)

2755 Old Hickory Tree Rd.

City

St. Cloud

FL

Zip Code

34772

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

*Steven R. Herstich*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HERSTICH, STEVE	
STREET ADDRESS	4975 PARK FOREST LOOP	
CITY-ST-ZIP	2755 Old Hickory Tree Rd. St. Cloud FL 34772	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JUDY HERSTICH	
STREET ADDRESS	2755 Old Hickory Tree Rd	
CITY-ST-ZIP	St. Cloud FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN HERSTICH	
STREET ADDRESS	2755 Old Hickory Tree Rd.	
CITY-ST-ZIP	St. Cloud FL 34772	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY HERSTICH	
STREET ADDRESS	2755 Old Hickory Tree Rd.	
CITY-ST-ZIP	St. Cloud FL 34772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

*Steven R. Herstich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN R HERSTICH

Date

Daytime Phone #

407-396-1919

April 11 2006