

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90001 044 \*\*\*\*70.00

<b>DOCUMENT # N00000003820</b> 1. Entity Name <b>DIAMOND WATER SKI SHOW TEAM, INC.</b>					
Principal Place of Business <b>329 SEMINOLA BLVD. CASSELBERRY, FL 32707</b>			Mailing Address <b>329 SEMINOLA BLVD. CASSELBERRY, FL 32707</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3675779</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BLAIS, ROBIN</b> <b>329 SEMINOLA BLVD.</b> <b>CASSELBERRY, FL 32707</b>				Name <b>Jacquelyn Brault</b> Street Address (P.O. Box Number is Not Acceptable) <b>329 Seminola Blvd</b> City <b>Casselberry</b> <b>FL</b> Zip Code <b>32707</b>	
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 <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE <b>3/20/2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, ALAN		NAME	Brault, David	
STREET ADDRESS	4651 REDMOND PLACE		STREET ADDRESS	4422 Bridgewater Dr.	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	Orlando, FL 32817	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIS, PAUL		NAME	Blais, Paul	
STREET ADDRESS	329 SEMINOLA BLVD		STREET ADDRESS	329 Seminola Blvd.	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIS-BORING, ROBIN		NAME	Brault, Jacquelyn	
STREET ADDRESS	329 SEMINOLA BLVD.		STREET ADDRESS	4422 Bridgewater Dr.	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Orlando, FL 32817	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGHRIDGE, DEBRA		NAME	Cline, Christy	
STREET ADDRESS	256 WOOD LAKE DRIVE		STREET ADDRESS	123 E. Fredrick Ave.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMANSKI, PAUL		NAME	Schwartz, maureen	
STREET ADDRESS	725 PICKFAIR TERRACE		STREET ADDRESS	123 E. Fredrick Ave	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENDA, MICHAEL		NAME	Tenda, Michael	
STREET ADDRESS	827 CAMERO WAY #101		STREET ADDRESS	902 Evergreen Ave. E	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	Altamonte Springs, FL 32701	
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 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 617, 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>3/20/2004</b> <small>Daytime Phone #</small>		