

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90001 014 ****70.00

DOCUMENT # N04000004579

1. Entity Name

DIAMONDS IN THE ROUGH FARM, INC.



Principal Place of Business

**3335 RAULERSON RD
ST AUGUSTINE FL 32092**

Mailing Address

**3335 RAULERSON RD
ST AUGUSTINE FL 32092**

2. Principal Place of Business - No P.O. Box #

8000 CR 208

Suite, Apt. #, etc.

3. Mailing Address

8000 CR 208

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

ST. AUGUSTINE, FL

Zip

32092

Country

USA

Zip

32092

Country

USA

4. FEI Number

20-1041384

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

2nd MOORE

CR2E037 (4/07)

6. Name and Address of Current Registered Agent

**MATTE, MARIE
3335 RAULERSON RD
ST AUGUSTINE FL 32092**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$61.25
Due By September 5, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PT**
STREET ADDRESS **MATTE, MARIE**
CITY-ST-ZIP **3335 RAULERSON RD
ST AUGUSTINE FL 32092**

TITLE ☒ Delete
NAME **HOOVER, VIOLETTA T**
STREET ADDRESS **4854 CASTILLA CT**
CITY-ST-ZIP **FORT MOHAVE AZ 86426**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MATTE, REBECCA**
CITY-ST-ZIP **14671 BONAIRE BLVD APT 201
DELRAY BEACH FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8000 CR 208**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V President**
STREET ADDRESS **CHELAKEN, LORA**
CITY-ST-ZIP **8000 CR 208 St. Augustine FL 32092**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 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:

Marie Matte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 28, 2007