

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90729 014 ***150.00

DOCUMENT # P01000080390

1. Entity Name

DIAMOND ROAD, INC.



Principal Place of Business

2813 S. HANADE RD.
 SUITE 304
 ORLANDO FL 32835

Mailing Address

C/O GARRY D. WHITFIELD, CPA
 1261 LINCOLN AVE.
 SAN JOSE CA 95125

2. Principal Place of Business

2813 S. HIAWASSEE RD

3. Mailing Address

2813 S. HIAWASSEE RD

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

Orlando, FL

City & State

ORLANDO, FL

Zip

32835

Country

USA

Zip

32835

Country

USA
~~CHANGE~~



MOORE

CR2E034 (11/03)

4. FEI Number

59-3743588

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNEELY, ROBERT A ESQ.
 MCFARLAIN & CASSEDY, P.A.
 215 S. MONROE ST., STE. 600
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name - GARRY WHITFIELD
 Street Address (P.O. Box Number is Not Acceptable)
 2813 S. Hiawassee Rd.
 Suite 304
 City Orlando FL Zip Code 32835

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPP, SCOTT	NAME	
STREET ADDRESS	15 S. ORANGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMONTI, MARK	NAME	
STREET ADDRESS	15 S. ORANGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, SCOTT	NAME	
STREET ADDRESS	15 S. ORANGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITFIELD, GARRY	NAME	
STREET ADDRESS	1261 LINCOLN AVE. STE 216	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95125	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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

Date

Daytime Phone #

[Handwritten Signature] 4/27/04 407 244 2872