

**2005 FOR PROFIT C  
ANNUAL RE**

**ORATION**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000023252**

**1. Entity Name**  
**DOUBLE DIAMOND HOLDINGS CORP**



**Principal Place of Business** Mail  
**1213 OMAR ROAD** 12  
**WEST PALM BEACH, FL 33405** WE

**AD**  
**CH, FL 33405**

**DO NOT WRITE IN**

**S SPACE**



03252005 No Chg-P CR2E034 (10/03)

**4. FEI Number** **04-3611458** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Register**

**SOLOMON, J. C**  
**5155 WHITEWOOD WAY**  
**LAKE WORTH, FL 33467**

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the pu**  
**the obligations of registered agent.**

**ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept**

**SIGNATURE**  
**Signature, typed or printed name of registered agent and title if ap.**

**(NOTE: Registered Agent signature required when reinstating)**

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**Campaign Financing** ☐ **\$5.00 May Be**  
**and Contribution.** **Added to Fees**

**10. OFFICERS AND DIRECT**

**TITLE** **D**  
**NAME** **SOLOMON, J. C**  
**STREET ADDRESS** **1213 OMAR RD**  
**CITY-ST-ZIP** **WEST PALM BEACH, FL 33405**

**TITLE** **D**  
**NAME** **SOLOMON, J. C**  
**STREET ADDRESS** **1213 OMAR RD**  
**CITY-ST-ZIP** **WEST PALM BEACH, FL 33405**

**TITLE** **D**  
**NAME** **FRAZIER, VINCENT L**  
**STREET ADDRESS** **570 E. MAIN STREET**  
**CITY-ST-ZIP** **UNION TOWN, PA 15401**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**U00000281419**  
**03/31/05-80001-018 150.00**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing**  
**indicated on this report or supplemental report is true an**  
**of the corporation or the receiver or trustee empowered t**  
**changed, or on an attachment with an address, with all o**

**qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information**  
**and that my signature shall have the same legal effect as if made under oath; that I am an officer or director**  
**report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if**  
**covered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NA**

**James C. Salerni**  
**OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**3/25/05**