

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000115462

1. Entity Name
ABC DIAMOND, INC.



Principal Place of Business
C/O ABC CUTTING CONTRACTORS, INC.
4864 CLARK HOWELL HIGHWAY
COLLEGE PARK, GA 30349

Mailing Address
C/O ABC CUTTING CONTRACTORS, INC.
4864 CLARK HOWELL HIGHWAY
COLLEGE PARK, GA 30349



03142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3664003

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAVIN, ANDREW T ESQ
C/O NAVON KOPELMAN & LAVIN PA
2699 STIRLING ROAD SUITE B-100
FORT LAUDERDALE, FL 33312

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCOY, LARRY W
STREET ADDRESS 101 EBBTIDE LN
CITY - ST - ZIP NORTH PALM BEACH, FL 33408

TITLE D
NAME STORM, DENNIS
STREET ADDRESS 2781 CLIFFVIEW DR.
CITY - ST - ZIP LILBURN, GA 30047

TITLE D
NAME O'SHEA, JOHN
STREET ADDRESS 850 N. MIAMI AVE.
CITY - ST - ZIP MIAMI, FL 33136

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000110501
04/12/04-80086-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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