

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014589

FILED  
Feb 27, 2005  
Secretary of State

Entity Name: BLUE DIAMOND BUSINESS SOLUTIONS, INC.

## Current Principal Place of Business:

7640 S.W. 22ND STREET  
OCALA, FL 34474

## New Principal Place of Business:

13091 SE 60TH STREET  
MORRISTON, FL 32668

## Current Mailing Address:

7640 S.W. 22ND STREET  
OCALA, FL 34474

## New Mailing Address:

13091 SE 60TH STREET  
MORRISTON, FL 32668

FEI Number: 16-1656007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUCCI, GREGORY E  
225 NE EIGHTH AVENUE  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NAPIER, JAMES V  
Address: 7640 SW 22ND STREET  
City-St-Zip: OCALA, F 34474

Title: D ( ) Delete  
Name: SALLUSTIO, CAROLYN  
Address: 7640 SW 22ND STREET  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NAPIER, JAMES V  
Address: 13091 SE 60TH STREET  
City-St-Zip: MORRISTON, FL 32668

Title: D (X) Change ( ) Addition  
Name: SALLUSTIO, CAROLYN  
Address: 13091 SE 60TH STREET  
City-St-Zip: MORRISTON, FL 32668

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN SALLUSTIO

D

02/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date