

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

04 JAN 20 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P03000025417

1. Entity Name  
DIAMANTINO & FAMILY, INC.



Principal Place of Business  
10 WHITFIELD PLACE  
PALM COAST, FL 32164

Mailing Address  
P O BOX 353588  
PALM COAST, FL 32135-3588



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number  
32-0065535

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVY, BENJAMIN  
25 PINE CONE DRIVE  
SUITE 2A  
PALM COAST, FL 32164

Name

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

700027491367  
01/23/04--01016--015 \*\*150.00

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAMANTINO, JOHN 10 WHITFIELD PLACE PALM COAST, FL 32164	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

See attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

284



## Division of Corporations

## Annual Report

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Business Entity Name

DIAMANTINO &amp; FAMILY, INC.

FEI Number

320065535

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

10 WHITFIELD PLACE

Suite, Apt. #, etc.

City, State

PALM COAST

FL

Zip Code &amp; Country

32164

## Mailing Address

Address

P O BOX 353588

Suite, Apt. #, etc.

City, State

PALM COAST

FL

Zip Code &amp; Country

321353588

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

DIAMANTINO

FERNANDA

M

-of- RA Business Name

Address

10 WHITFIELD

Suite, Apt. #, etc.

City, State

PALM COAST

FL

Zip Code &amp; Country

32164

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Fernando Diamantino

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Business Entity Name

DIAMANTINO &amp; FAMILY, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## ----- Officer/Director Name And Address -----

Title P  
Name (Last, First, Middle, Title) DIAMANTINO JOHN  P  
-or- Entity Name   
Street Address 10 WHITFIELD PLACE  
City, State PALM COAST FL  
Zip Code & Country 32164

Title VP  
Name (Last, First, Middle, Title) AZEVEDO ARMANDO O VP  
-or- Entity Name   
Street Address 37 PRICE LN  
City, State PALM COAST FL  
Zip Code & Country 32165

Title S  
Name (Last, First, Middle, Title) DIAMANTINO FERNANDA M S  
-or- Entity Name   
Street Address 10 WHITFIELD  
City, State PALM COAST FL  
Zip Code & Country 32164

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address

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City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

