## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # P04000068169 Mar 08, 2007 08:00 AM 1. Entity Namo Secretary of State BLACK DIAMOND ELECTRIC, INC. Principal Place of Business Mailing Address 4354 MANILA AVENUE NORTH PORT FL 34288 4354 MANILA AVENUE NORTH PORT FL 34288 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 20-1206213 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo STEC, CHARLES J JR. Street Address (P.O. Box Number is Not Acceptable) 4354 MANILA AVENUE NORTH PORT FL 34288 Zip Code City FL 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. 1 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IIILE ☐ Change Addition HILE Delete STEC, CHARLES J JR. NAME NAME 4354 MANILA AVENUE STREET AUDHESS STREET ADDRESS NORTH PORT FL 34288 CITY - ST- ZIP CITY - ST-71P Change HILE ☐ Addition THLE Delete NAMI' NAME U000000659154 STRUCT ADDRESS STREET ADDRESS 03/16/07-80018-025 150.00 CITY-ST-ZIP CITY-S1-7IP ☐ Change Addition Delete HILE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST-ZIP Delete HILL ☐ Change Addition [ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change THLE NAME NAME STREET ADDRESS STRIFET ADDRESS CITY ST-7IP CITY-S1-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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 eath; 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.

Charles J Stec JR

SIGNATURE: