

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078118

FILED
May 07, 2007
Secretary of State

Entity Name: FSB CAPITAL DIVERSIFIED, CORP

Current Principal Place of Business:

12421 NORTH FLORIDA AVE
212
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

12421 NORTH FLORIDA AVE
212
TAMPA, FL 33612 US

New Mailing Address:

BOX 280155
TAMPA, FL 33682 US

FEI Number: 47-0955113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRAY, ALVIN
12421 NORTH FLORIDA AVE
212
TAMPA, FL 33612 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCRAY, ALVIN
Address: 12421 NORTH FLORIDA AVE #212
City-St-Zip: TAMPA, FL 33612 US

Title: VDST () Delete
Name: ROBISON, LINDA
Address: 12421 NORTH FLORIDA AVE #212
City-St-Zip: TAMPA, FL 33612 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: ROGERS, BRITTANY
Address: 8501 NORTH 50TH STREET
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALVIN MCCRAY

PRES

05/07/2007

Electronic Signature of Signing Officer or Director

Date