

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90075 003 ***150.00

DOCUMENT # P06000004953

1. Entity Name
COLLEGE ROAD GOLD AND DIAMOND INC



Principal Place of Business Mailing Address
1516 SW 12 ST **1516 SW 12 ST**
OCALA, FL 34474 **OCALA, FL 34474**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1905 SW College Rd. #4 Suite, Apt. #, etc.

City & State City & State
Ocala FL **Ocala FL**

Zip Country Zip Country
34474 **Marion**

40100



04182007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4072225 Not Applicable

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

6. Name and Address of Current Registered Agent
PURVIS, DEBRA
1516 SW 12 ST
OCALA, FL 34474

7. Name and Address of New Registered Agent
 Name **James J. Parr**
 Street Address (P.O. Box Number is Not Acceptable)
1905 S. W. College Rd. #4
 City **Ocala** State **FL** Zip Code **34474**

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: *James J. Parr* DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURVIS, DEBRA		NAME		
STREET ADDRESS	1516 SW 12 ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTTRAM, WILLIAM D JR		NAME		
STREET ADDRESS	1516 SW 12 ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE	S-T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, SAMANTHA E		NAME		
STREET ADDRESS	1516 SW 12 ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James J. Parr		NAME		
STREET ADDRESS	1905 SW College Rd. #4		STREET ADDRESS		
CITY-ST-ZIP	Ocala, FL 34474		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *James J. Parr* Date: Pres. 352-867-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #