


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90093 037 \*\*\*150.00

<b>DOCUMENT # P06000070223</b>					
<b>1. Entity Name</b> DIAMOND M CARRIAGE CO. INC.					
<b>Principal Place of Business</b> P.O. BOX 702020 SAINT CLOUD, FL 34770 US			<b>Mailing Address</b> P.O. BOX 702020 SAINT CLOUD, FL 34770 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2891 Lloyd Lane		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Kissimmee FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-4978783	
<b>Zip</b> 34744		<b>Country</b> Osceola		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WALL, CAITLIN 2409 N. K-8 LANE SAINT CLOUD, FL 34772			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE: <i>Caitlin Wall</i> (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> MCCRAY, MICHELLE R <b>STREET ADDRESS</b> P.O. BOX 702020 <b>CITY-ST-ZIP</b> SAINT CLOUD, FL 34770	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> WALL, CAITLIN <b>STREET ADDRESS</b> P.O. BOX 702020 <b>CITY-ST-ZIP</b> SAINT CLOUD, FL 34770	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Caitlin Wall President</i>			5/1/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40105938



04302007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

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

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NAME MCCRAY, MICHELLE R

STREET ADDRESS P.O. BOX 702020

CITY-ST-ZIP SAINT CLOUD, FL 34770

TITLE T

NAME WALL, CAITLIN

STREET ADDRESS P.O. BOX 702020

CITY-ST-ZIP SAINT CLOUD, FL 34770

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CITY-ST-ZIP

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SIGNATURE: *Caitlin Wall President*

5/1/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #