

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90009 007 ***150.00

DOCUMENT # P93000024087

1. Entity Name

DIAMOND SUPPLY COMPANY, INC.



Principal Place of Business

6601 LYONS ROAD
STE G-3
COCONUT CREEK FL 33073
US

Mailing Address

6601 LYONS ROAD
STE G-3
COCONUT CREEK FL 33073
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0404059

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

SLAZYK, PAUL L
8545 WINDY CIRCLE
BOYNTON BEACH FL 33437

Name **PAUL L. SLAZYK**

Street Address (P.O. Box Number is Not Acceptable)
6601 LYONS ROAD, STE G-3

City **COCONUT CREEK**

FL

Zip Code **33073**

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

3/11/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME SLAZYK, PAUL L.
STREET ADDRESS 8545 WINDY CI
CITY-ST-ZIP BOYNTON BCH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6601 LYONS ROAD, STE G-3
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE VPD ☐ Delete
NAME HAYES, DAVID M.
STREET ADDRESS 7750 N.W. 49TH LANE
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6601 LYONS ROAD, STE G-3
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/04