# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2004 8:00 am**
**Secretary of State**
01-21-2004 90007 037 ***150.00

DOCUMENT # P93000056611

1. Entity Name
DIAMOND METAL CO., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 624 BEAUTYNEST AVE.<br>JACKSONVILLE, FL 32205 US | 624 BEAUTYNEST AVE.<br>JACKSONVILLE, FL 32205 US |

01142004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 624 Beautyrest Ave | 624 Beautyrest Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3196271 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

TEETER, JOHN C
624 BEAUTYNEST AVE.
JACKSONVILLE, FL 32205

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
624 Beautyrest Ave.

City **FL** Zip Code

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 _____ 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, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TEETER, JOHN C<br>624 BEAUTYNEST AVE.<br>JACKSONVILLE, FL 32205 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>624 Beautyrest Ave |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>RHODEN, DALE<br>1464 DOLPH RD<br>JACKSONVILLE, FL 32220 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>TEETER, JOHN C<br>624 BEAUTYNEST AVE.<br>JACKSONVILLE, FL 32063 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>624 Beautyrest Ave |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HOPTHES, HENRY J<br>606 SHORE WOOD DR<br>CAPE CANAVERAL, FL 32920 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>Hopkins, Henry J<br>631 Lake Harbor Circle<br>Orlando, FL 32809 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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: John C Teeter John C. TEETER PRESIDENT 1-10-04 904-781 2045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #