## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P9400014010  1. Entity Name DIAMOND K CONSTRUCTION INC.								FILED  04 OCT 25 AM 10: 05  SECRETARY OF GLASS					
Principal Place of Business				failing Address	[ <u></u>		SECRETARY OF STATE TALLAHASSEE, FLORIDA						
1609 SW DYER PT RD				P.O. BOX 1345			THE ATTASSEE, PEURIDA						
PALM CITY, FL 34990			I	PALM CITY, FL 34991									
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2. Principal Place of Business 3				3. Mailing Address					100				
								1188118811181		48 61   6   6	an ariai #9# Ef	E#1861    1881	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10082004	Chg-P	CR2EC	34 (10/03)		
City & State				City & State				4. FEI Number		·	T A	pplied For	
,								65-0469374 Not Applicable					
Zip	Zip Country		Zip Cou		Cour	itry				\$8.75 Ad			
6. Name and Address of Current			at Regis	stered Agent			Fee Required  7. Name and Address of New Registered Agent						
							Name  Name						
KONIETZKO, PHILIP C						Court Address (D.C. Dr. All other) All A							
1609 SW DYER PT RD PALM CITY, FL 34990						Street Address (P.O. Box Number is Not Acceptable)							
1 / LIII OII	1,12 040	50						, , ,					
						City				FL	Zip Coo	le	
							flice or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligat	named entity ions of regist	/ submits this statement ered agent.	ior the	purpose or changing its	register	ea office o	r register	ed agent, or both	, in the State of Flo	orida. Lam	familiar with,	, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling)  DATE													
Amended AR is \$61.25  9. Election Campaign Finar Trust Fund Contribution.						• —		OO May Be ed to Fees					
10.		OFFICERS AN	D DIRE	CTORS	11.		······	ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	IS IN 11	
TITLE	PST PUBLISHED C			☐ Delete III							☐ Change	Addition	
NAME STREET ADDRESS	KONIETZKO, PHILIP C 1609 SW DYER PT RD			NAM STRE		ET ADDRESS		100042159341 10725/0401067005 ***61.25					
CITY-ST-ZIP	PALM CITY, FL 34990					-\$1-ZiP					**51.	. 25	
TITLE	VP			☐ Delete	HTL						☐ Change	☐ Addition	
NAME	KONIETZKO, MARIA C			NAM								_	
STREET ADDRESS CITY-ST-ZIP	1	DYER PT RD		STREE									
						-ST-ZIP	LIT:	Presidan	F"V"				
TITLE . NAME				Delete	TITLI ···NAM		Ram	منجمه ماک مح	<b>5</b>		☐ Change	Addition	
STREET ADDRESS						ET ADDRESS	120	Lehane	Terrace	# 204	,	•	
CITY-ST-ZIP					CITY	-ST-ZIP	Novi	th Palm B	endr. Fr 3	33408			
TITLE				☐ Delete	TITLE				·		☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM	E ET ADDRESS							
CITY-ST-ZIP						-ST-ZIP							
TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE					•	Change	☐ Addition	
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STREET ADDRESS						ET ADDRESS			•				
CITY-ST-ZIP					-	-SI-ZIP			$\rightarrow A \rightarrow$		pana		
TITLE NAME				☐ Delete	TITLE				ApC101	17 <b>1</b> 0	☐ Change	Addition	
STREET ADDRESS						ET ADDRESS			12 10	1- 6			
CITY-ST-ZIP						-SI-ZiP			,				
12. I hereby o	certify that the	information supplied w	ith this t	iling does not quality for	r the exe	mption stal	led in Se	ction 119.07(3)(i)	Florida Statutes.	l further cer	tify that the i	nformation	
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 bloom 788 amprovered.													
cnanged,	or on an atta	ichment with an address	i, wiyn a	ivolder ke empowered.		11						İ	