

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90004 026 ***150.00

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1. Entity Name
GREEN DIAMOND CORPORATION



Principal Place of Business

~~JAN 27 2004~~ 29120 May 27
DUNDEE, FL 33838 US

Mailing Address

P.O. BOX 202
DUNDEE, FL 33838 SAME

44004725



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3359389

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, BARRY W
60 SECOND STREET S.E.
WINTER HAVEN, FL 33880

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IN THIS SPACE**

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

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

TITLE D
NAME GREEN, SCOTT E
STREET ADDRESS P.O. BOX 449
CITY-ST-ZIP DUNDEE, FL 33838

TITLE D
NAME GREEN, W.E.
STREET ADDRESS P.O. BOX 202
CITY-ST-ZIP DUNDEE, FL 33838

TITLE D
NAME GREEN, GARY W
STREET ADDRESS 55 PINE FOREST DRIVE
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Gary W. Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2504 862-429-4244