


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000074277	
1. Entity Name DIAMOND "S" DEVELOPMENT CORPORATION	

Principal Place of Business 6028 BENJAMIN RD TAMPA, FL 33634	Mailing Address 15009 N FLORIDA AVE #409 TAMPA, FL 33613
--	---



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3355174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOBBS, ROBERT S P.A. 3719 SWANN AVE. TAMPA, FL 33609

**DO NOT WRITE
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 _____ (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

U000000019817
01/29/04 88846-000 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCAGLIONE, RONALD E 15009 N. FLORIDA AVE., #409 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCAGLIONE, YVONNE 15009 N. FLORIDA AVE., #409 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR