

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90184 044 ***158.75

DOCUMENT # P95000074441
 1. Entity Name
FORD DIVERSIFIED ENTERPRISES, INC.



Principal Place of Business 1742 E HWY 50 CLERMONT, FL 34711 US	Mailing Address 1742 E HWY 50 CLERMONT, FL 34711 US
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2. Principal Place of Business 11225 Riddle Dr. Suite, Apt. #, etc.	3. Mailing Address 11225 Riddle Dr. Suite, Apt. #, etc.
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City & State Spring Hill, FL	City & State Spring Hill, FL
Zip 34609	Country USA
Zip 34609	Country USA

00048308



05012005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3334366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, TROY A
1742 E HWY 50
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
11225 Riddle Dr.
 City **Spring Hill** **FL** Zip Code **34609**

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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME FORD, TROY A	
STREET ADDRESS 330 LARGOVISTA DRIVE	
CITY-ST-ZIP OAKLAND, FL 34787	
TITLE VP	<input type="checkbox"/> Delete
NAME PARK, EUN H	
STREET ADDRESS 330 LARGOVISTA DRIVE	
CITY-ST-ZIP OAKLAND, FL 34787	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ford, Troy A.	
STREET ADDRESS 11225 Riddle Dr.	
CITY-ST-ZIP Spring Hill, FL 34609	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Park, Eun H.	
STREET ADDRESS 11225 Riddle Dr.	
CITY-ST-ZIP Spring Hill, FL 34609	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Troy A. Ford* **5/1/05** (407) 595-1748
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #