

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000008535

1. Entity Name

DEANGELIS DIAMOND CONSTRUCTION, INC.



Principal Place of Business

6635 WILLOW PARK DRIVE
NAPLES, FL 34109 US

Mailing Address

6635 WILLOW PARK DRIVE
NAPLES, FL 34109 US

FILED

06 MAY -3 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0634426

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DIAMOND, DAVID A R
6635 WILLOW PARK DR.
NAPLES, FL 34109DO 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

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, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIAMOND, DAVID B
STREET ADDRESS	28650 ALTESSA WAT NO 201
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	V
NAME	DEANGELIS, JOHN M
STREET ADDRESS	2316 HARRIER RUN
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	T
NAME	DIAMOND, DAVID B
STREET ADDRESS	28650 ALTESSA WAY NO201
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	S
NAME	DEANGELIS, JOHN M
STREET ADDRESS	2316 HARRIER RUN
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06--01015--027 **261.25DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #