

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90017 040 \*\*\*150.00

**24037661**



<b>DOCUMENT # P97000012586</b>					
<b>1. Entity Name</b> THE LITTLE DIAMOND MOTEL, INC.					
<b>Principal Place of Business</b> 2385 ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744			<b>Mailing Address</b> 2385 ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <b>717 East Oak Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Kissimmee, FL</b>		<b>4. FEI Number</b> <b>59-3426268</b>	
Zip		Country		Applied For Not Applicable	
Zip <b>34744</b>		Country <b>US</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ANDY J. HAUNRUK CPA 717 EAST OAK STREET KISSIMMEE, FL 34744			Name <b>Andy J. Baumruk, CPA (watch spelling)</b> Street Address (P.O. Box Number is Not Acceptable) <b>717 East Oak Street</b> City <b>Kissimmee FL 34744</b>		
<b>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.</b>					
SIGNATURE		Andy J. Baumruk		3/30/04	
(NOTE: Registered Agent signature required when reinstating)		DATE		FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	
<b>9. Election Campaign Financing</b>		Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SCHNEE, UDO 2385 ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete SCHNEE, SANDRA 2385 ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b>		Sandra Schnee		4/5/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	