

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000033412

1. Entity Name
DIAMOND 99, INC.



Principal Place of Business

**8409 NW 22ND COURT
BELL, FL 32619**

Mailing Address

**8409 NW 22ND COURT
BELL, FL 32619**



04182006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3438490

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOMAS, DAN C
8409 NW 22ND COURT
BELL, FL 32619**

**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

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 \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000522016
05/03/06-80011-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	THOMAS, RAY EARL JR.
STREET ADDRESS	8409 NW 22ND COURT
CITY-ST-ZIP	BELL, FL 32619
TITLE	VP
NAME	THOMAS, JOHN RANCE
STREET ADDRESS	2000 NW 89TH STREET
CITY-ST-ZIP	BELL, FL 32619
TITLE	VP
NAME	THOMAS, BRUCE E.
STREET ADDRESS	1380 NW 95TH ST
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	P
NAME	THOMAS, DAN C
STREET ADDRESS	8409 NW 22ND COURT
CITY-ST-ZIP	BELL, FL 32619
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 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

4/13/06

Daytime Phone #