## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 29, 2004 8:00 am Secretary of State DOCUMENT # P97000092396 03-29-2004 90040 047 \*\*\*150.00 DIAMOND MINDS OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 9006 PINE CONE PL BRADENTON FL 34202 9006 PINE CONE PL BRADENTON FL 34202 3. Mailing Address 2. Principal Place of Business 63RD AVE ORE 9006 63ªD AVE 9006 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For Bra denton 65-0791552 Bradenton Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3420 Z 34202 us US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TURNER, JAMES L Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE. SARASOTA FL 34236 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition CARLTON, LEONARD R Carlton, Leonard R NAME NAME 9006 63 0 AVE ORE 9006 PINE CONE PL STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-7IP CITY-ST-ZIP Bradenton FL 34202 vs. TITLE ☐ Delete TITLE **™**Change ☐ Addition CARITON, Names CARLTON, NANCY NAME NAME STREET ADDRESS 9006 PINE CONE 9006 63 RO AUE ORE STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP Bradenton FL 34202. Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED

941-756-0369

Daytime Phone #