


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000027962</b> 1. Entity Name FIVE DIAMOND PROPERTIES, INC.	
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Principal Place of Business % JEFFREY LEDWARD 6249-B PRESIDENTIAL COURT FT MYERS, FL 33919	Mailing Address % JEFFREY LEDWARD 6249-B PRESIDENTIAL COURT FT MYERS, FL 33919
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**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0823398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

MCMENAMY, JAMES B  
7910 SUMMERLYN LAKES  
FT MYERS, FL 33907

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000022270 01/30/04-80037-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCMENAMY, JAMES B 7910 SUMERLYN LAKES DR FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BURKE, HARALD J 6249-B PRESIDENTIAL COURT FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOWARD, JOSEPH G 623 SW 53 TERR CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GEML, MICHAEL P 1316 SE 32ND TERR CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEDWARD, JEFFREY C 6249-B PRESIDENTIAL COURT FT MYERS, FL 33919
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 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.

**SIGNATURE:**  **1/26/04** **2394376300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #