2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000027962

1. Entity Name

FIVE DIAMOND PROPERTIES, INC.



FILED Mar 24, 2006 08:00 AM Secretary of State

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



01302006

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0823398

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

FT MYERS, FL 33907			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the patients of registered agent.	ourpose of changing its registere	ed office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	pt
SIGNATURE.	Signature, typed or printed name of registered agent and title	Sample Control			DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. NOTE: Registered Agent eigneiture required when relinsteding) \$5.00 May Be Added to Fees		\$5.00 May Be	000000480046 04/10/06-80028-021 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMENAMY, JAMES B 7910 SUMERLYN LAKES DR FT MYERS, FL 33907				<i>:</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURKE, HARALD J 6249-B PRESIDENTIAL COURT FT MYERS, FL 33919			DO NOT WRITE		
TITLE NAME STREET AUDRESS CHY-ST-ZIP	VD HOWARD, JOSEPH G 623 SW 53 TERR CAPE CORAL, FL 33914					
NAME STREET ADDRESS CITY-ST-ZIP	SD GEML, MICHAEL P 1316 SE 32ND TERR CAPE CORAL, FL 33904		IN THIS SPACE			
TITLE NAME STREET ADDRESS CRY-ST-ZP	TD LEDWARD, JEFFREY C 6249-B PRESIDENTIAL COURT FT MYERS, FL 33919					

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 eath; 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:

TITLE
NAME
STRELL AUURESS
CITY-ST-ZIP

next Mineron Praide

1-31-00 2394376300