


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000027962</b>	
1. Entity Name FIVE DIAMOND PROPERTIES, INC.	

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
---	---



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000627092  
02/15/07-80046-016 150.00

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 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

1/10/07

0394376300