## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P98000042511

1. Entity Name BLUE DIAMOND SERVICES INC.



FILED Mar 13, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

4975 E IRLO BRONSON MEM. HWY SAINT CLOUD, FL 34771

Mailing Address

4975 E IRLO BRONSON MEM. HWY SAINT CLOUD, FL 34771



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P 02092008 CR2E034 (11/05) Applied For 4. FEI Number 59-3519490 Not Applicable 

5. Certificate of Status Desired

\$B.75 Additional Fee Required

SCOTT, CHRISTOPHER 4975 E IRLO BRONSON MEM. HWY SAINT CLOUD, FL 34771

## DO NOT WRITE IN THIS SPACE

			IN THIS STAGE		
8. The above the obligat	named entity submits this statement for the pations of registered agent.	rpose of changing its registere	d office or r	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of repistered agent and title if	applicable. (NOTE: Registered	Agent signatur	व विद्यानेस्ट भीका विनिध्यतिहो	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance     Trust Fund Committention.	cing	\$5.00 May Be Added to Fees	
TO.  TITLE  HAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECT D SCOTT, CHRISTOPHER 4975 E IRLO BRONSON MEM. HWY SAINT CLOUD, FL 34771	TORS .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					ไม่เก้ามหาศษ4583 หลังสาขาย สมัยยา-ยั24 โ58.88
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CRY-ST-ZP					
TITLE NAME					

12. I hereby certify that the information supplied with this filing does not quality 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 changed, or on an attachment with an address, with all other like empowered

GICHIATI IDE.

STREET ADDRESS CITY-ST-ZIP

3-10-06