## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P98000046111** 04-28-2005 90178 024 \*\*\*150.00 DIAMOND HOMES OF CENTRAL FLORIDA, INC. Mailing Address Principal Place of Business 1730 CONNECTICUT AVE 1730 CONNECTICUT AVE ST CLOUD, FL 34769 ST CLOUD, FL 34769 2. Principal Place of Business 3. Mailing Address 1116 New Yor 1116 Ne Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-3508854 · Cloud FL Not Applicable FL 34160 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>U</u>5A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DILULLO, JOHN D Street Address (P.O. Box Number is Not Acceptable) 1730 CONNECTICUT AVE ST CLOUD, FL 34769 City Zip Code FL 8. The above named entity submits this statement for the purpose on 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 registered agent and tide F DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. OP ☐ Addition TIDE Delete TITLE ☐ Chance DILULLO, JOHN NAME STREET ADORESS 1730 CONN AVE STREET ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34769 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition DILULLO, LISA NAME NAME 1730 CONN AVE STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP SAINT CLOUD, FL 34769 ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete Change ΠΠF ☐ Addition NAME 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 changed, or on an attachment with an address, with all other like propowered. 4-22-09 SIGNATURE: X

**FILED**