

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025814

FILED
Apr 30, 2004
Secretary of State

Entity Name: DIAMOND E MARINE SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 476
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 476
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0922314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESHER, GERALD S
1555 PALM BEACH LAKES BLVD.
SUITE 1510
WEST PALM BEACH, FL 33407

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLTZENE, IRENE
Address: P.O. BOX 476
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP () Delete
Name: BLESS, CHRISTOPHER
Address: P.O. BOX 496
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP () Delete
Name: GOLTZENE, THOMAS R JR
Address: P.O. BOX 476
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOLTZENE, THOMAS R
Address: P.O. BOX 476
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP S (X) Change () Addition
Name: BLESS, CHRISTOPHER
Address: P.O. BOX 476
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP T (X) Change () Addition
Name: GOLTZENE, THOMAS R JR
Address: P.O. BOX 476
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER BLESS

VP

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date