## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000064387

FILED Apr 29, 2004 Secretary of State

Entity Name: DIAMOND ENTERPRISES OF NORTH FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 12314 AUTUMNBROOK TRAIL WEST JACKSONVILLE, FL 32258 **Current Mailing Address: New Mailing Address:** 12314 AUTUMNBROOK TRAIL WEST JACKSONVILLE, FL 32258 FEI Number: 59-3587968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FINANCIAL FOUNDATIONS INC 311 WOODLAND TRAIL LADY LAKE, FL 32159 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition PATE, GREG L Name: Name: 12314 AUTUMNBROOK TRAIL WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SKINNER, SCOTT B Name: 2205 LAKE DRIVE Address: Address: JACKSONVILLE, FL 32246 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition PATE, CAROLYN H Name: Name: 12314 AUTUMNBROOK TRAIL WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: () Delete Title: () Change () Addition SKINNER, LOUANN Name: Name: Address: 2205 LAKE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip:

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: GREG L. PATE MR. 04/29/2004