


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90018 022 ***150.00

DOCUMENT # P99000100664	
1. Entity Name E DIAMOND CORPORATION	

Principal Place of Business 4548 SW 37TH AVENUE FORT LAUDERDALE FL 33312	Mailing Address 4548 SW 37TH AVENUE FORT LAUDERDALE FL 33312
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2. Principal Place of Business 14100 TAMiami TRAIL EAST	3. Mailing Address 12700 TAMiami TRAIL EAST
Suite, Apt. #, etc. #400	Suite, Apt. #, etc. PMB 201
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34114	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent COONS, JOHN 4548 SW 37TH AVENUE FORT LAUDERDALE FL 33312 14100 TAMiami TRAIL EAST #400 NAPLES, FL 34114	
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4. FEI Number 65-1001931	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONS, JOHN 14100 TAMiami TRAIL EAST #400 FORT LAUDERDALE FL 33312 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTERLEE, TIM 3278 TIRTLE LAKE DRIVE MARIETTA GA 30067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTERLEE, JIM 26250 SUNDERLAND DR #7102 BONITA SPRINGS FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:  **JOHN COONS** **1 APRIL** **954-983-7572**