


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90001 034 \*\*\*150.00

<b>DOCUMENT # S09209</b>	
1. Entity Name <b>BLACK DIAMOND CLAIMS SERVICE, INC.</b>	

Principal Place of Business <b>1518 N. MAGNOLIA AVE OCALA, FL 34475 US</b>	Mailing Address <b>P O BOX 5966 P. O. BOX 5966 OCALA, FL 34478 US</b>
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2. Principal Place of Business <b>343 NE 1st Ave</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite B</b>	Suite, Apt. #, etc.
City & State <b>Ocala, FL</b>	City & State
Zip <b>34470</b>	Country <b>Marion</b>

01062005 Chg-P CR2E034 (10/03)



4. FEI Number **59-3083928** 5 (See Attached) Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>STEPHENSON, KATHERINE ANNE 1518 N. MAGNOLIA AVE. 343 NE 1st Ave OCALA, FL 34475 Ocala, FL 34470</b>	
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7. Name and Address of Now Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code <b>FL</b>

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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEPHENSON, KATHERINE A. 5311 N.W. 61ST LANE OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUNING, HENRY 92223 NE 73RD DRIVE GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Katherine Stephenson JAN. 17 2005 352-867-0507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

593053928 NP 00 0000 9217 5901

ATTACHMENT

07953-5003-93541-6 20463 201



Department of the Treasury  
Internal Revenue Service  
ATLANTA, GA 39901

Date of this notice:  
Taxpayer Identifying Number  
Form:

MAY 4, 1992  
59-3053928  
Tax Period:



BLACK DIAMOND CLAIMS SERVICE INC  
PO BOX 5966  
OCALA FL 32678-5966

For assistance you may  
call us at:

354-1760 LOCAL JAX.  
1-800-829-1040 OTHER FL

Or you may write to us at  
the address shown at the  
left. If you write, be  
sure to attach the bottom  
part of this notice.

#### NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING JAN. 1, 1992, SUBJECT TO VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU, HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev. 8-91)

Return this portion to us with your inquiry or with your check if you have a balance due.

Your telephone number

( ) -

Best time to call

593053928 NP 00 0000



INTERNAL REVENUE SERVICE  
ATLANTA, GA 39901

BLACK DIAMOND CLAIMS SERVICE INC  
PO BOX 5966  
OCALA FL 32678-5966

FILE NOW! CORPORATE STATUS WILL BE  
DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

ATTACHMENT

50003367

Read Instructions on Other Side Before Making Entries

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT #S09209 (5)

BLACK DIAMOND CLAIMS SERVICE, INC.  
701 NW 22ND STREET  
P. O. BOX 5966  
OCALA FL 32675-4329

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

11/01/1990

3a. Date of Last Report

05/28/1991

4. FEI Number

APPLIED FOR

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1x D/P	STEPHENSON, KATHERINE A.	5311 N.W. 61ST LANE	OCALA, FL
2x D	STONE, J. MICHAEL	1921 N.W. 44TH ST	OCLAA, FL
3			
3x			
4			
4x			
5			
5x			
6			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

STEPHENSON, KATHERINE ANNE  
401 N.W. 3RD AVE.  
OCALA, FL 32670

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

701 NW 22<sup>nd</sup> ST

83 Street Address 2 (Do NOT Use P.O. Box Number)

BLACK DIAMOND INVESTIGATIONS, INC.  
P.O. BOX 5966  
OCALA, FL 32678

0743

63-72/631  
BRANCH 804

2-24

1992

PAY TO THE ORDER OF Secretary of State

Sixty-one & 25/100

\$ 61.25

DOLLARS



SunBank of Ocala  
South Office  
P.O. Box 1059  
Ocala, FL 32678

FOR Corp. Filing Fee (Black Diamond Claims Ser.)

Katherine A. Stephenson