2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL NEPUNI (AN)						FILED			
DOCUMENT # S31978  1. Entity Name					Feb 23, 2004 08:00 AM Secretary of State				
DIAMOND D RANCH, INC.					<b>/</b>	Secretary	y ui Sta	ile	
Principal Plac	ce of Business	Mailing Address		J	-				
5903-1 SOLOMON RD		5903-1 SOLOMON RD							
		BALDWIN FL 32234							
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2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt #, etc		Suite, Apt. #, etc.							
Suite, Apr. #. etc		Suite, Apr. #, 6tc.		MOORE CR2E034 (11/03)					
City & State		City & State		4. F	59-3057178	<u></u>	oplied For ot Applicable		
Zıp	Country Zip		Cour	Country		ertificate of Status Desired	<b>\$8.75</b> Ad	ditional	
	6. Name and Address of Curre	ent Registered Agent	۰ـــــــــــــــــــــــــــــــــــ	<del></del>	7. N	ame and Address of New Register	Fee Require		
G. Name and Address of Content negistered Agent				Name	7. Name and Address of New Hegistelet Agent				
GRIFFIN, GALYNNA K.				Street Address (P.O. Box Number is Not Acceptable)					
ROUTE 24, BOX 961 BALDWIN FL 32234									
				City			Zip Cod	<u></u>	
						<u> </u>	<b>L</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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstature)  OATE									
}	Signature, typed or printed name of registered ag	ent and title it applicable. (NO	IE. Hegistere	ed Agent signature require	ea when rein	istaing)	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00						9. Election Campaign Financing		0 May Be	
Make Check Payable to Florida Department of State						Trust Fund Contribution.	∐ Adde	d to Fees	
10. OFFICERS AND DIRECTORS			11.		ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS	GRIFFIN, GALYNNA K. RTE 24, BOX 961		NAM STR	AE EET ADDRESS		<u> </u>	)		
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CITY-ST-ZIP				(-ST-ZIP					
TITLE NAME		☐ Delete	TITL NAM				☐ Change	Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			1	r-ST-ZIP				7 - 517 <b>54</b> 5 m	
TITLE		☐ Delete	TITL	£			Спалде	☐ Addition	
NAME PERFECT ADDRESS			NAM	1					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP					
TITLE		☐ Delete	TITL		···	<u> </u>	☐ Change	Addition	
NAME			NAM	1			-		
STREET ADDRESS CITY-ST-ZIP				FET ADDRESS /- ST-ZIP					
<del> </del>	partifu that the information our "- " - "	with this filling do and access to			Santine 4	10 07/07/0 Florida Otabias 1.6 0	ا ماد ده باد رواند. ا		
indicated	certify that the information supplied wid on this report or supplemental repor rporation or the receiver or trustee en t, or on an attachment with an addres	with also many poes not qualify to it is true and accurate and that incovered to execute this repor-	or the exe my signa it as reciv	amption stated in S ature shall have the ired by Chapter 60	ection 1 e same le 07. Florid	rs.or(s)(i), Fibrida Statutes. I further egal effect as if made under oath; that a <b>S</b> tatutes: and that <b>fi</b> le name agree	ceruiy inat ine i at I am an officei ira in Block 10 o	mormation r or director ir Block 11 if	
changed	i, or on an attachment with an addres	Mth all other like empowered	d,	77/-		Suglar A	1171	<i>*</i> ^	