

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

06-15-2005 90093 003 ***150.00

DOCUMENT # S93389 1. Entity Name DIVERSIFIED INDUSTRIES, INC.					
Principal Place of Business 1304 SW 160TH AVE SUITE 639 SUNRISE, FL 33326 US			Mailing Address 1304 SW 160TH AVE SUITE 639 SUNRISE, FL 33326 US		
2. Principal Place of Business		3. Mailing Address 950-23 BLANDING BLVD. SUITE, Apt. #, etc. # 307			
Suite, Apt. #, etc.		City & State ORANGE PARK FL.			
City & State	Zip 32065	Country USA	4. FEI Number 65-0298669		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent PICERNO, ANGELA 1304 SW 160TH AVE SUNRISE, FL 33326			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 reinstated) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICERNO, RICHARD A. 950-23 BLANDING BLVD # 307 ORANGE PARK, FL 32065 <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	D PICERNO, ANGELA 950-23 BLANDING BLVD #307 ORANGE PARK, FL 32065 <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: <u>Richard A. Picerno</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			Date: <u>6-14-05</u> Daytime Phone #: <u>904-282-2282</u>		

66024223



06142005 Chg-P CR2E034 (10/03)

Diversified Industries, Inc.

ATTACHMENT

66024223

6-27-05

Subject: Diversified Industries, Inc.

Ref. Number: S93389

This letter is to ask for my late fee to be waved. I did not receive the annual report form for 2005.

I called the number below and was told to put my request and explanation in writing and return the letter and form back to your office.

Thank you for your consideration concerning this matter.

Sincerely,



Richard A. Picerno
President