

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2008 8:00 am
Secretary of State

04-24-2008 90101 009 ***150.00

DOCUMENT # 585212

1. Entity Name
CRYSTAL LODGE DIVE CENTER, INC.



Principal Place of Business
**525 NW 7TH AVE
CRYSTAL RIVER, FL 34428 US**

Mailing Address
**525 NW 7TH AVE
CRYSTAL RIVER, FL 34428 US**

66013829



DO NOT WRITE IN THIS SPACE

01122008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1847838** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOGAN, JERRY D
525 NW 7TH AVE
CRYSTAL RIVER, FL 34428**

**DO NOT WRITE
IN THIS SPACE**

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 *Jerry D. Hogan* **4/15/08**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PT**
NAME **HOGAN, JERRY**
STREET ADDRESS **525 NW 7TH AVE**
CITY-ST-ZIP **CRYSTAL RIVER, FL**

TITLE **VD**
NAME **HOGAN, JERRY**
STREET ADDRESS **525 NW 7TH AVE**
CITY-ST-ZIP **CRYSTAL RIVER, FL**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jerry D. Hogan* **4/15/08** **352-795-6798**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Jerry D. Hogan* Date Daytime Phone