

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K81157

FILED
Jan 08, 2004
Secretary of State

Entity Name: DIVERS RESOURCES, INC.

Current Principal Place of Business:

1334 SE 17TH STREET
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

C/O FLYNN ENTERPRISES
676 N. MICHIGAN AVE. #4000
CHICAGO, IL 60611

New Mailing Address:

C/O FLYNN ENTERPRISES, INC
676 N. MICHIGAN AVE. , STE. 4000
CHICAGO, IL 60611

FEI Number: 65-0121752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLYNN, DONALD
Address: 927 HILLSBORO MILE
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: FLYNN, BEVERLY
Address: 927 HILLSBORO MILE
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: FLYNN, KEVIN
Address: 676 N. MICHIGAN AVE- STE 4000
City-St-Zip: CHICAGO, IL 60611

Title: D () Delete
Name: FLYNN, BRIAN
Address: 676 N. MICHIGAN AVE- STE 4000
City-St-Zip: CHICAGO, IL 60611

Title: S () Delete
Name: SPERANDEO, YVONNE
Address: 202 N. JACKSON
City-St-Zip: CLARENDON HILLS, IL 60514

Title: VT () Delete
Name: SKIBICKI, KEITH
Address: 511 N. GRANT
City-St-Zip: HINSDALE, IL 60521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLYNN, DONALD
Address: 927 HILLSBORO MILE
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: D (X) Change () Addition
Name: FLYNN, BEVERLY
Address: 927 HILLSBORO MILE
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDRA M. CONFORTI

AT

01/08/2004

Electronic Signature of Signing Officer or Director

Date