


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90310 032 ***150.00

DOCUMENT # K92800	
1. Entity Name DIVE SHOP II, INC.	

Principal Place of Business DIVE SHOP II, INC. 700 CASA LOMA BLVD. BOYNTON BEACH FL 33435	Mailing Address <i>CANAL</i> 5323 CANAL DR LAKE WORTH FL 33463-8118
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2. Principal Place of Business	3. Mailing Address <i>5323 CANAL DRIVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>LAKE WORTH, Florida</i>
Zip	Country <i>USA</i>
Country	Zip <i>33463</i>



MOORE CR2E034 (11/03)

4. FEI Number 65-0126565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAND, L.D. 5323 CANAL DR LAKE WORTH FL 33463	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	NAME SAND, L.D. <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5323 CANAL DR	CITY-ST-ZIP LAKE WORTH FL 33463	STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME KELLY, CATHY <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4627 DOLPHIN DR	CITY-ST-ZIP LAKE WORTH FL 33463	STREET ADDRESS	CITY-ST-ZIP
TITLE VPD	NAME FLOYD, D. DOUG <input checked="" type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1810 NEW PALM WAY, #414	CITY-ST-ZIP BOYNTON BEACH FL 33435	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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 lines empowered.

SIGNATURE: *L.D. SAND* *President* *4/13/2004* *561-734-3818*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #