## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2007 08:00 AM Secretary of State

DCC	ALL:	<b>JENT</b>	- #	P950	າດດເ	552	95
DC	<i>,</i> () ()	VIL	$\pi$		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		$\sim$

1. Entity Name
DIVCO, COMPANY



Principal Place of Business

PO BOX 56855 JACKSONVILLE, FL 32241 Mailing Address

PO BOX 56855

JACKSONVILLE, FL 32241



## DO NOT WRITE IN THIS SPACE

03032007	No Chg-P	CR2E034 (11/05)			
4. FEI Number	,		Applied For Not Applicab		
59-3333	3093		Not Applicab		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUS, ALAN J 20803 BISCAYNE BLVD., #301 AVENTURA, FL 33180

SIGNATURE: \_

## DO NOT WRITE IN THIS SPACE

9 The shows	pamed entity submits this statement for the r	ournose of changing its regi	istered office or r	enistered agent, or br	oth in the State of Florida. Lam familiar with and accept				
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.									
CONTURE									
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut	·	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELAHANTY, TOM PO BOX 56855 JACKSONVILLE, FL 32241				U00000657766				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/15/07-80010-010 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•				
TITLE NAME STREET ADDRESS CITY-SI-ZIP					·				
indicated of the cor	on this report or supplemental report is true.	and accurate and that my s d to execute this report as r	ionaturo chall ha	va tha coma lanci alla	9, Florida Statutes. I further certify that the information of as if made under eath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if				

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR