## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 339611

1. Entity Name

Entity Name
 AUSTIN'S DIVING CENTER, INC.



Principal Place of Business

10525 S. DIXIE HWY. MIAMI, FL 33156 Mailing Address

10525 S. DIXIE HWY. MIAMI, FL 33156

## FILED Apr 14, 2008 08:00 All Secretary of State



DO NOT WRITE IN THIS SPAC	D	0	NOT	WR	ITE	IN	<b>THIS</b>	SPAC	E
---------------------------	---	---	-----	----	-----	----	-------------	------	---

 04022008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For

5. Certificate of Status Desired

59-1280143

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

YOUNG, AUSTIN L. 10525 S. DIXIE HWY. MIAMI, FL 33156

## 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											
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE											
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	TORS			U00000894591						
TITLE NAME STREET ADDRESS CITY*ST*ZIP	VD ELSBREE, CHARLES T. 10525 S. DIXIE HWY. MIAMI, FL	The second of th	TO THE RESIDENCE MICE	et to the single species and and an angular	04/24/08-80033-019 150.00						
IUTE .	PD	THE FOREST TRANSPORTS	187 <u>4</u>		the right with						
NAME	YOUNG, AUSTIN L.										
STREET ADDRESS	10525 S. DIXIE HWY.	· ·									
	MIAMI, FL		· '	· .	•						
TITLE NAME	TSD YOUNG, FLORENCE M.										
STREET ADDRESS	10525 S. DIXIE HWY,										
CITY-ST-ZIP	MIAMI, FL			DO	NOT WRITE						
TITLE				IN	THE COACE						
NAME			İ	IN	THIS SPACE						
STREET ADDRESS											
CITY-ST-ZIP	•		•								
TITLE			_[								
NAME			-								
STREET ADDRESS											
CITY-ST-ZIP											
TITLE			F								
NAME			1		•						
STREET ADDRESS			1								
Cily-ST-ZIP											
indicated of the con	on this report or supplemental report is true a	nd accurate and that my sign to execute this report as re	onature shall have	e the same legal effec	), Florida Statutes. I further certify that the information at as if made under oath; that I am an officer or director s; and that my name appears in Block 10 or Block 11 if						