


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 667073</b>	
1. Entity Name DIVE CENTER OF SEBASTIAN INLET, INC.	

Principal Place of Business 1716 N US 1 SEBASTIAN, FL 32958	Mailing Address 1716 N US 1 SEBASTIAN, FL 32958
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1988642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHERRER, M VIRGENE  
558 FUTCH WAY  
SEBASTIAN, FL 32958

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SCHERRER, VIRGENE 558 FUTCH WAY SEBASTIAN, FL
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04/05/04-80031-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Virgene Scherrer Virgene Scherrer 4-1-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #