2004 NOT-FOR-PROFIT CORPORATION					FILED		
DOCUMENT # 703329 1. Entity Name BARNACLE BUSTERS DIVER INCORPORATED, OF GAINESVILLE, ALACHUA COUNTY FLORIDA				Apr 29, 2004 08:00 AM Secretary of State			
% STABLER 710 SE COU	Principal Place of Business Mailing Address % STABLER % STABLER 710 SE COUNTY RD 234 710 SE COUNTY RD 234 GAINESVILLE, FL 32641-1304 US GAINESVILLE, FL 32641-13		US				
DO NOT WRITE IN THIS SPAC			CE	1 1			
6. Name and Address of Current Registered Agent STABLER, L. J., JR. 710 SE COUNTY RD 234 GAINESVILLE, FL 32641-1304			DO NOT WRITE IN THIS SPACE				
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 like If applicable (NOTE: Registered Agent signature required when relestating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2004	 Election Campaign Finan Trust Fund Contribution. 		.00 May Be ed to Fees			
10. TITLE NAME STREET ADORESS CITY - ST - ZIP	OFFICERS AND DIRE PDV FINLEY, M CLAUDETTE 325 NW 48TH BLVD GAINESVILLE, FL 32607	CTORS					
TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE	SD RYSCHKEWITSCH, GEORGE 10 SW 41ST STREET GAINESVILLE, FL TD		000000138478 04/29/04-80081-017 61.25				
NAME STREET ADDRESS CITY - ST - ZIP TITLE	STABLER, L J JR 710 SE COUNTY RD 234 GAINESVILLE, FL 326411304 D	DO NOT WRITE IN THIS SPACE					
NAME Street Address City - St-Zip	VERMILLION, DAN 16337 NW 118TH PLACE ALACHUA, FL 32615					AUL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRISHAM, DIANNE 16337 NW 118TH PLACE ALACHUA, FL 32615						
TITLE NAME 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 617, 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:L, J, STABLER, JR, APRIL27, 2004 (352) 376-7565							
SIGNATURE: AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR Date Date Daysime Phone #							