

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765628

FILED
Sep 17, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA PLEASURE DIVERS, INC.

Current Principal Place of Business:

P O BOX 53689
ORLANDO, FL 32853 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 53689
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 59-2452485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGSTON, ED
500 E HWY 436
SUITE 16
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WASSELL, TOM
Address: 4136 WATERVIEW LOOP
City-St-Zip: WINTER SPRINGS, FL 32792

Title: PD () Delete
Name: LANGSTON, ED
Address: 500 E HWY 436, SUITE 16
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: TYSON, JULIE
Address: 1179 FURLONG DR
City-St-Zip: DELAND, FL 32724

Title: VD () Delete
Name: SCOTT, DEBORAH
Address: 849 S WYMORE RD, APT 23B
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: HEINMANN, JOAN
Address: 108 WISTERIA DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HEINMAN, JOAN
Address: 108 WISTERIA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: PD (X) Change () Addition
Name: MUNRO, RANDY
Address: 1022 TURKEY HOLLOW CIRCLE
City-St-Zip: WINTERSPRINGS, FL 32708

Title: TD (X) Change () Addition
Name: CRUSE, MICHAEL
Address: 1002 SOLDIER CREEK COURT
City-St-Zip: OVIEDO, FL 32765

Title: VD (X) Change () Addition
Name: O'KEEFE, GERARD
Address: 1689 TORRINGTON CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: SD (X) Change () Addition
Name: JULEFF, SANDRA
Address: 1019 HAWKS AVENUE
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. CRUSE

TD

09/17/2004

Electronic Signature of Signing Officer or Director

Date