

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90060 038 ***158.75

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08122005 Chg-P CR2E034 (10/03)

DOCUMENT # G79243	
1. Entity Name PROFESSIONAL DIVING CHARTERS OF FLORIDA, INC.	



Principal Place of Business 515 SEABREEZE BLVE FT LAUDERDALE, FL 33316 US	Mailing Address 515 SEABREEZE BLVE BAHIA MAR YACHTING CENTER FT LAUDERDALE, FL 33316 US
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2. Principal Place of Business 429 SEABREEZE BLVD.	3. Mailing Address 429 SEABREEZE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33316	Zip 33316
Country BROWARD	Country BROWARD

4. FEI Number 59-2385261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 N LAURA ST. STE. 2750 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, P.A. Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA STREET SUITE 2750 City JACKSONVILLE FL Zip Code 32202
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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 *Jan D. McCormick, VP* DATE *8.17.05*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HUDSON, JOHN 1000 RIVER REACH DR., #501 FT LAUDERDALE, FL 33215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS GERNERT, FRANK E 2100S OCEAN DR., 12G FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *FRANK E. GERNERT* *8/15/05* *954-761-3413*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #