## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2007 08:00 AM **DOCUMENT # H21468 Secretary of State** DIVERSATEC, INC. Principal Place of Business Mailing Address 1295 N SR 426 1295 N SR 426 **STE 123** STE 123 OVIEDO, FL 32765 OVIEDO, FL 32765 No Cha-P CR2E034 (11/05) 01122007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2702273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUEEN, WILLIAM N. DO NOT WRITE 2775 PACKARD AVE **OVIEDO, FL 32765** 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME QUEEN, WILLIAM N STREET ADDRESS 2775 PACKARD AVE CITY-ST-ZIP OVIEDO, FL 32765 U00000587912 01/17/07-80051-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME STREET ADDRESS CITY-ST-ZIP