


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H98584</b> 1. Entity Name DIVEMASTER GUIDE AND TOUR SERVICE, INC.	
---	---

Principal Place of Business 206 LOVELL LANE P.O. BOX 1867 APOPKA, FL 32703	Mailing Address 206 LOVELL LANE P.O. BOX 1867 APOPKA, FL 32703
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



08232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2518991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KENNEDY, DEBRA A 206 LOVELL LANE APOPKA, FL 32703	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000171946 09/09/04-80003-003 \$550.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KENNEDY, DEBRA 206 LOVELL LANE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEDY, DEBRA 206 LOVELL LANE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RYAN, ERICA 5463 43RD WAY COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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:** Debra Kennedy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_