

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90068 001 ***150.00

DOCUMENT # J06714

1. Entity Name
SPLASHDOWN DIVERS, INC.



Principal Place of Business
**700 CASA LOMA BLVD
BOYNTON BCH, FL 33435 US**

Mailing Address
**237 AKRON ROAD
LAKE WORTH, FL 33467**

04068150



08092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2775968

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, LYNN A.
237 AKRON ROAD
LAKE WORTH, FL 33467**

**DO NOT WRITE
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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1 August 2004

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIMMONS, LYNN A.
STREET ADDRESS	237 AKRON ROAD
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	VP
NAME	BRABHAM, TERRENCE W.
STREET ADDRESS	237 AKRON RD
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 August 2004

DATE

Daytime Phone #

561 7360712