


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # J13606 1. Entity Name B & K DIVING SYSTEMS, INC.	
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Principal Place of Business P.O. BOX 17445 JACKSONVILLE, FL 32245 US	Mailing Address P.O. BOX 17445 JACKSONVILLE, FL 32245 US
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DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2689119

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANESS, WILLIAM H
112 WEST ADAMS STREET
JACKSONVILLE, FL 32202**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADBURN, GERALD S. 112 WEST ADAMS ST STE 808 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BRADBURN, BARBARA 112 WEST ADAMS ST STE 808 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOCH, KATHRYN A. 112 WEST ADAMS ST STE 808 JACKSONVILLE, FL 32202
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01/14/04-80005-007 150.00

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: *Gerald S. Bradburn* *Barbara S. Bradburn* 1/12/04 904-727-9580

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