FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J34472

1. Entity Name
DIVERS WORLD OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3120 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 US	3120 THOMAS DRIVE PANAMA CITY, FL 32408 US

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2723386 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HAINES, DEBRA L
3103 W 20TH CT
PANAMA CITY, FL 32405

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000556175
05/16/06-80062-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	TREA
NAME	MOORE, JO ANN
STREET ADDRESS	4116 HOLLEY LANE
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	P
NAME	HAINES, DEBRA L
STREET ADDRESS	3103 W. 20TH CT
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VP
NAME	CHUCK, GIGLI
STREET ADDRESS	47203 BUS HWY 98
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Debra L Haines 4-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #