

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90059 031 ***150.00

DOCUMENT # J34472

1. Entity Name

DIVERS WORLD OF FLORIDA, INC.



Principal Place of Business

3120 THOMAS DRIVE
PANAMA CITY BEACH FL 32408
US

Mailing Address

3120 THOMAS DRIVE
PANAMA CITY FL 32408
US

2. Principal Place of Business - No P.O. Box #

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2723386

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name ~~JO ANN MOORE~~

Street Address (P.O. Box Number, if applicable) ~~121 ARLINGTON DR.~~

City ~~PANAMA CITY~~

FL

Zip Code

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

Debra L Haines

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TREA	<input type="checkbox"/> Delete
NAME	MOORE, JO ANN	
STREET ADDRESS	4116 HOLLEY LANE	
CITY - ST - ZIP	PANAMA CITY FL 32404	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAINES, DEBRA L	
STREET ADDRESS	3103 W. 20TH CT	
CITY - ST - ZIP	PANAMA CITY FL 32405	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHUCK, GIOI	
STREET ADDRESS	47203 BUS HWY 98	
CITY - ST - ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JO ANN MOORE	
STREET ADDRESS	121 ARLINGTON DR.	
CITY - ST - ZIP	PANAMA CITY, FL 32404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMOVE	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMOVE	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jo Ann Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07 850 832 5540

Date

Daytime Phone #