

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90706 012 ***150.00

DOCUMENT # L13517

1. Entity Name

DIVERSIFIED VIII, INC.



Principal Place of Business

638 N. FERDON BLVD.
STE. #1
CRESTVIEW FL 32536
US

Mailing Address

638 N. FERDON BLVD.
STE. #1
CRESTVIEW FL 32536
US

2. Principal Place of Business

339 ADAMS DR.

Suite, Apt. #, etc.

3. Mailing Address

339 Adams Dr

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

CRESTVIEW FL

City & State

CRESTVIEW FL

4. FEI Number

59-2994884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICE, DALE E.
215 HWY 90 E.
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name

Foy Shaw

Street Address (P.O. Box Number is Not Acceptable)

339 Adams Dr

City

CRESTVIEW

FL

Zip Code

32536

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

Foy Shaw P

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

Foy Shaw

(NOTE: Registered Agent signature required when reinstating)

4/29/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	D	<input checked="" type="checkbox"/> Delete
NAME	DAUGHERTY, JAMES B.	
STREET ADDRESS	RT 1, BOX 9A2	
CITY-ST-ZIP	MCINTOSH AL 36553	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, JOHN R.	
STREET ADDRESS	P.O. BOX 1126 N/A	
CITY-ST-ZIP	ORANGE BEACH AL 36561	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, FOY	
STREET ADDRESS	P.O. BOX 636 N/A	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CARR, FRANK	
STREET ADDRESS	638 FERDON BLVD., SUITE #1	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEFFIELD, DALTON	
STREET ADDRESS	P.O. BOX 205 N/A	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marland Wordell	
STREET ADDRESS	198 Wedgewood Ln.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foy Shaw	
STREET ADDRESS	339 Adams Dr	
CITY-ST-ZIP	CRESTVIEW FL 32536	
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		
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 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:

Foy Shaw Foy Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 850 682 2104

Date

Daytime Phone #