## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90035 020 \*\*\*150.00

DOCUI  1. Entity Name SUNDIVE				04-21-2004	90035 020 ***	150.00			
Principal Place									
P.O. BOX 807 P.O. BOX 807									
CRYSTAL RIVER, FL 34423-0807 US CRYSTAL RIVER, FL 3442			23-0807 US						
							DI DIF 71711 DI DI \$1011 DI \$101		
2. Principal Place of Business 3. Mailing Address									
				, 12211 <b>2</b> 11 212 01					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		(	02222004	Chg-P	CR2E034 (10/03	)	
City & State		City & State		4	4. FEI Number	-		Applied For	
					65-01930	045		Not Applicable	
Zip Country		Zip	Country		5. Certificate of	Status Desired	□ \$8.75 A		
of the control of the control of the	- Aller - J. Addison of Consolidation	Berieterod Apart = = :-			- Nama and A	ddrage of New 2	Fee Requi	rea	
	8. Name and Address of Current	Togrataran Ayatt	Name		. Hand and A	VI 11017 (1)	- Same or Wheth		
COREY, DONNA S				0.000					
421 N.W. 14TH PLACE			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
CRYSTAL RIVER, FL 34428								-	
			City				FL Zip Co	ode	
						The Other Affic		L	
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.									
rent de la company de la c La company de la company d									
SIGNATURE									
The property of the control of the c									
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance — Trust Fund Contribution. —					May Be to Fees		_ 1 .		
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTO		
TITLE	PD COREY, DONNA S	Delete	TITLE NAME				Change	Addition	
Name Street adoress	1		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	VPD	☐ Delete	TITLE				Chang	Addition	
NAME	COREY, CRISTI M.		NAME						
STREET ADDRESS CITY-ST-ZIP	7226 MILDRED PARKWAY		STREET ADDRESS CITY-ST-ZIP						
	RHINELANDER, WI 54501	☐ Delete	TITLE				Chang	Addition .	
TITLE NAME	COREY, JENNIE R	LLI Delete	NAME	-	. •	۔ سے رسیا		i La recitation.	
STREET ADDRESS	7226 MILDRED PARKWAY		STREET ADORESS						
CITY-ST-ZIP	RHINELANDER, WI 54501		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Chang	e 🔲 Addition	
NAME Street adoress			NAME Street Address						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	· .	☐ Delete	TITLE				Chang	Addition	
NAME	, A49, No.	•	NAME						
STREET ADDRESS	ال ۱۷۶ ما الما المسلسل الما الم		STREET ADDRESS		- 12 mm 4 10			•	
CITY-ST-ZIP	•	E Carrent or O	CITY-ST-ZIP						
TITLE NAME		Delete Just	TITLE, 3 ". NAME		•		Chang	e Addition	
STREET ADDRESS	and the second s	. منطب المسلس ، منطب المسلس ، منطب المسلس ، منطب ، منطق ، منطب ،	STREET ADDRESS	_	سے اور کا دو		•		
CITY-ST-ZIP	* 5 mm * 40 Am *		CITY-ST-ZIP						
12. I hereby	certify that the information supplied with	this filing does not qualify for t	he exemption state	ed in Secti	ion 119.07(3)(i).	Florida Statutes.	I further certify that th	e information	

I nerepy certify that the information supplied with this tiling 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF CIRECTOR