

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90167 048 ***150.00

DOCUMENT # L95126

1. Entity Name

DELTA DIVE BOATS, INC.



Principal Place of Business

770 MULLET RD
CAPE CANAVERAL FL 32920

Mailing Address

770 MULLET RD
CAPE CANAVERAL FL 32920

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

774 Mullet Rd.

3. Mailing Address

774 Mullet Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State

Cape Canaveral, Fl

City & State

Cape Canaveral, Fl

4. FEI Number

59-3129672

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARK G
770 MULLET RD.
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name

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

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

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, 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 P
NAME SMITH, MARK G
STREET ADDRESS 770 MULLET RD.
CITY ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

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NAME
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CITY ST-ZIP ☐ Delete

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STREET ADDRESS
CITY ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Smith, Mark G
STREET ADDRESS 774 Mullet Rd.
CITY ST-ZIP Cape Canaveral, Fl 32920 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

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CITY ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #