

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L96983

1. Entity Name
TROPICS DIVING INSTRUCTION, INC.



Principal Place of Business
P.O. BOX 2008
ORMOND BEACH, FL 32175

Mailing Address
P.O. BOX 2008
ORMOND BEACH, FL 32175



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3030525

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VOGES, WILLIAM J.
275 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174

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IN THIS SPACE**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROOT, JAMES PRESTON
STREET ADDRESS	5310 JOHN ANDERSON HWY
CITY-ST-ZIP	FLAGLER BEACH, FL
TITLE	V
NAME	HART, BRUCE, C
STREET ADDRESS	450 JOHN ANDERSON DR
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	S
NAME	HART, BRUCE C.
STREET ADDRESS	450 JOHN ANDERSON DR
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/05-80052-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2/2/05

Date

Daytime Phone #