

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90051 009 \*\*\*150.00

**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**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3030525</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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, 2007 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	789 NORTH HALIFAX DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176

TITLE	S
NAME	HART, BRUCE C.
STREET ADDRESS	789 NORTH HALIFAX DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

**J. Preston Root, Pres.**

**1/23/07**

Date

**(386) 671-4912**

Daytime Phone #