

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 010 ***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

40057891



01212008 No Chg-P CR2E034 (11/05)

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, 2008 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Preston Root, Pres. 4/1/08 386 671 4908

Date

Daytime Phone #