

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96983

FILED
Feb 25, 2010
Secretary of State

Entity Name: TROPICS DIVING INSTRUCTION, INC.

Current Principal Place of Business:

275 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2008
ORMOND BEACH, FL 32175

New Mailing Address:

275 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174

FEI Number: 59-3030525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: WILLIAM J. VOGES

02/25/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: ROOT, JAMES P
Address: 5310 JOHN ANDERSON HWY
City-St-Zip: FLAGLER BEACH, FL

Title: V
Name: HART, BRUCE C
Address: 789 NORTH HALIFAX DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: S
Name: HART, BRUCE C
Address: 789 NORTH HALIFAX DR
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES P. ROOT

P.

02/25/2010

Electronic Signature of Signing Officer or Director

Date