

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96983

FILED
Jan 25, 2011
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:

275 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174

New Mailing Address:

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:

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:

Electronic Signature of Registered Agent

Date

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: J. PRESTON ROOT

PD

01/25/2011

Electronic Signature of Signing Officer or Director

Date