

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000003790

1. Entity Name  
WORKING DIVERS, INC.



Principal Place of Business  
501 S.W. RIVEREDGE DRIVE  
STUART, FL 34994

Mailing Address  
501 S.W. RIVEREDGE DRIVE  
STUART, FL 34994



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0973912	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

POLZIN, CONSTANCE J  
501 S.W. RIVEREDGE DRIVE  
STUART, FL 34994

**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, 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	P
NAME	POLZIN, RICHARD E
STREET ADDRESS	501 SW RIVEREDGE DR
CITY - ST - ZIP	STUART, FL 34994
TITLE	ST
NAME	POLZIN, CONSTANCE J
STREET ADDRESS	501 S.W. RIVEREDGE DR
CITY - ST - ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000235913  
02/19/05-80025-005 158.75

**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 19.07(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: Constance J. Polzin Constance J. Polzin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/05 (772)288-0228

Daytime Phone #