

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000025349

Entity Name: DIVE LAB, INC.

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1415 MOYLAN ROAD  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9538  
PANAMA CITY, FL 324179538

**New Mailing Address:**

FEI Number: 59-3636443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WARD, MICHAEL F PRES  
1415 MOYLAN ROAD  
PANAMA CITY BEACH,, FL 32407 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: DST  
Name: MORGAN, CONNIE L  
Address: 1415 MOYLAN ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D  
Name: BERGAN, BEVERLY  
Address: 1415 MOYLAN ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: P  
Name: WARD, MICHAEL F  
Address: 1415 MOYLAN ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: MICHAEL F WARD

PRES

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date