2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P00000047041

Entity Name: DIVE IN DUDE, INC.

Current Principal Place of Business:

439 WEST HICKPOCHEE AVE
LABELLE, FL 33935

New Principal Place of Business:

12656 MEADOWSWEET LANE
JACKSONVILLE, FL 32225

Current Mailing Address:

439 WEST HICKPOCHEE AVE
LABELLE, FL 33935

New Mailing Address:

12656 MEADOWSWEET LANE
JACKSONVILLE, FL 32225

FEI Number: 65-1011608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, LOUIS D
439 WEST HICKPOCHEE AVE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

JONES, LOUIS D
12656 MEADOWSWEET LANE
JACKSONVILLE, FL 32225 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: LOUIS D. JONES 04/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JONES, LOUIS D
Address: 439 WEST HICKPOCHEE AVE
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete
Name: JONES, NANCY G
Address: 439 WEST HICKPOCHEE AVE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JONES, LOUIS D
Address: 12656 MEADOWSWEET LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change ( ) Addition
Name: JONES, NANCY G
Address: 12656 MEADOWSWEET LANE
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY G. JONES D 04/18/2005
Electronic Signature of Signing Officer or Director Date