


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90077 038 ***150.00

DOCUMENT # P00000067919

1. Entity Name
CAPTAIN MORGAN'S DIVE TOURS, INC.



Principal Place of Business Mailing Address
SADOWSKY CAUSEWAY **11250 3RD AVE. GULF**
KEY COLONY BEACH, FL 33051 **MARATHON, FL 33050**

2. Principal Place of Business 3. Mailing Address
4590 Overseas Highway Suite, Apt. #, etc.

City & State City & State
MARATHON, FL

Zip Country Zip Country
33050 **USA**



03182004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
22-3743014 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MORGAN, DOUGLAS L
11250 3RD AVE GULF
MARATHON, FL 33050

7. Name and Address of New Registered Agent
 Name: **MORGAN, DOUGLAS P.**
 Street Address (P.O. Box Number is Not Acceptable)
 City: **FL** Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, DOUGLAS P 11250 3RD AVE GULF MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Douglas P. Morgan* **3-18-04** **305-289-0905**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #