

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90140 047 ***150.00

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1. Entity Name
FEAR NOT DIVERS, INC.



Principal Place of Business
**8513 BELFRY PLACE
PORT ST. LUCIE, FL 34986**

Mailing Address
**8513 BELFRY PLACE
PORT ST. LUCIE, FL 34986**

2. Principal Place of Business
3568 Hwy 27 South
Suite, Apt. #, etc.

3. Mailing Address
3568 Hwy 27 South
Suite, Apt. #, etc.



03142006 Chg-P CR2E034 (11/05)

City & State
Sebring, FL

City & State
Sebring, FL

Zip
33870

Country
USA

Zip
33870

Country
USA

4. FEI Number
59-3704902

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNELL, MARILYN D
8513 BELFRY PLACE
PORT ST. LUCIE, FL 34986**

7. Name and Address of New Registered Agent

Name
Schnell, Marilyn D.
Street Address (P.O. Box Number is Not Acceptable)
3568 Hwy 27 South

City
Sebring **FL** Zip Code
33870

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, the 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ Delete
NAME
SCHNELL, MARILYN D
STREET ADDRESS
8513 BELFRY PLACE
CITY-ST-ZIP
PORT ST. LUCIE, FL 34986

TITLE
VPST ☐ Delete
NAME
SCHNELL, MARTIN N
STREET ADDRESS
8513 BELFRY PLACE
CITY-ST-ZIP
PORT ST. LUCIE, FL 34986

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☒ Change ☐ Addition
NAME
Schnell, Marilyn D.
STREET ADDRESS
3568 Hwy 27 South
CITY-ST-ZIP
Sebring, FL 33870

TITLE
VPST ☒ Change ☐ Addition
NAME
Schnell, Martin N.
STREET ADDRESS
3568 Hwy 27 South
CITY-ST-ZIP
Sebring, FL 33870

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

mark n. Schnell **Martin N. Schnell** **4-1-06** **772-201-5292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #