

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90129 001 ***150.00

04-24-2008 90129 002 ****35.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000082562			
1. Entity Name FEAR NOT DIVERS, INC.			
Principal Place of Business 3750 US HWY 278 NORTH 3G SEBRING, FL 33870		Mailing Address 3750 US HWY 278 NORTH 3G SEBRING, FL 33870	
2. Principal Place of Business - No P.O. Box # 3750 US Hwy 27 North Suite, Apt. #, etc. 3G		3. Mailing Address 3750 US Hwy 27 North Suite, Apt. #, etc. 3G	
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 3750 US HWY 278 NORTH 3G SEBRING, FL 33870		7. Name and Address of New Registered Agent Name William S. Serey Street Address (P.O. Box Number is Not Acceptable) 3750 US Hwy 27 North 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 registered agent. SIGNATURE <i>X William S. Serey</i> DATE 4-22-08 Signature typed or printed name of registered agent and the filer if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD SCHNELL, MARILYN D 3750 US HWY 278 NORTH 3G SEBRING, FL 33870 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Serey, William S. 3750 US Hwy 27 North, Suite 3G Sebring, FL 33870 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SCHNELL, MARTIN N 3750 US HWY 278 NORTH 3G SEBRING, FL 33870 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Mitchell, Wayne L. 260 East Haines Blvd. Lake Alfred, FL 33850 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <i>Wayne L. Mitchell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/22/08 863-956-4182 Date Daytime Phone #	