## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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## Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # P02000125118** 1. Entity Name 04-15-2004 90012 023 \*\*\*150.00 SEGOVIA DIVING AND MARINE SERVICES INC. Principal Place of Business Mailing Address 2205 W 13TH COURT PANAMA CITY FL 32401 2205 W 13TH COURT PANAMA CITY FL 32401 14003008 2. Principal Place of Business 3. Mailing Address 1207 BRENAU 1**2**ŏ7 BRENAU TERRACE TERRAGE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1163593 PANAMA ANAMA Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGOVIA, JOSE C. JR. SEGOVIA, JOSE C JR 2205 W 13TH COURT PANAMA CITY FL 32401 ANAMA 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 the obligations of registered agent. SEGOVIA JR. d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete Addition SECONTA, JOSÉ C. JR. NAME SEGOVIA, JOSE C NAME STREET ADDRESS 2205 W 13TH COURT STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIF CITY-ST-ZIP PANAMA CITY, FL. 32405 TITLE ☐ Delete ☑ Change ☑ Addition TITLE SEGOVIA, AMBER N. NAME SEGOVIA, AMBER N NAME 1207 BREWAU TERRACE 2205 W 13TH COURT STREET ADDRESS STREET ADDRESS ANAMA CITY, FL. PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME SEGOVIA, DELIA NAME: STREET ADDRESS 4303 TENTH ST N STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33603** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED