

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |         |                                                                                      |                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000018103</b><br>1. Entity Name<br><b>TALLAHASSEE CORAL REEF SCUBA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |         |                                                                                      |                                                                                                                   |  |
| Principal Place of Business<br><b>2783 CAPITAL CIRCLE NE<br/>UNIT B<br/>TALLAHASSEE FL 32308</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |         | Mailing Address<br><b>2783 CAPITAL CIRCLE NE<br/>UNIT B<br/>TALLAHASSEE FL 32308</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                            |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |         | City & State                                                                         |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            | Country |                                                                                      | 4. FCI Number<br><b>54-2096830</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |         |                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MANN, RICHARD A<br/>2783 CAPITAL CIRCLE NE<br/>UNIT B<br/>TALLAHASSEE FL 32308</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |         |                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |         |                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                               |  |
| SIGNATURE _____<br><small>Signature typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |         |                                                                                      | DATE _____<br><small>(NOTE: Registered Agent signature required when terminating)</small>                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |         |                                                                                      | <b>\$5.00 May</b><br>Added to Fee                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                         |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>PSTD<br/>MANN, RICHARD A<br/>2783 CAPITAL CIRCLE NE UNIT B<br/>TALLAHASSEE FL 32308</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                      | <b>000000517525<br/>05/01/06-80045-024 150.00</b>                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b> |                                                                                            |         |                                                                                      |                                                                                                                   |  |
| <b>SIGNATURE:</b> <i>Richard A Mann</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |         | <b>4/17/06 850-385-132</b>                                                           |                                                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |         | <small>Date Daytime Phone #</small>                                                  |                                                                                                                   |  |