2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90235 049 ***150.00

94074702

DOCUMENT # P03000036483

1. Entity Name
DEEP END ENTERPRISES, INC.

Principal Place of Business	Mailing Address
505 AVE A NW WINTER HAVEN, FL 33881	505 AVE A NW WINTER HAVEN, FL 33881

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
214 BALLYSHANNON DRIVE	214 BALLYSHANNON DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVENPORT FL	City & State: DAVENPORT FL
Zip: 33837 Country:	Zip: 33837 Country:

4. FEI Number 02-0707349 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOVONI HARDING & ASSOCIATES INC 505 AVE A NW WINTER HAVEN, FL 33881	Name: STEVEN ADAMS Street Address (P.O. Box Number is Not Acceptable): 214 BALLYSHANNON DRIVE City: DAVENPORT FL Zip Code: 33837

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 [signature] STEVEN ADAMS PRESIDENT DATE 04/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ADAMS, STEVEN	NAME	
STREET ADDRESS	9 CONRAD GDNS	STREET ADDRESS	214 BALLYSHANNON DRIVE
CITY-ST-ZIP	WHITELEY HAMPSHIRE UK P0157E, OC	CITY-ST-ZIP	DAVENPORT FL 33837
TITLE	☐ Delete	TITLE	☐ 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	
TITLE	☐ Delete	TITLE	☐ 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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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.

SIGNATURE: [signature] STEVEN ADAMS 04/25/04 863 557 5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #