

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90030 034 ***150.00

DOCUMENT # P03000095457

1. Entity Name

CALYPSO DIVERS-ED SCHOOL INC.



Principal Place of Business

15343 AMBERLY DRIVE
TAMPA FL 33647

Mailing Address

15343 AMBERLY DRIVE
TAMPA FL 33647

2. Principal Place of Business

401 E. BEARSS AVE.

Suite, Apt. #, etc.

3. Mailing Address

401 E. BEARSS AVE

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

56-2390899

Applied For

Not Applicable

Zip

33613

Country

USA

Zip

33613

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAWCZYK, MARGERY R
15343 AMBERLY DRIVE
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

401 E. BEARSS AVE

City

Tampa

FL

Zip Code

33613

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DEP,
KRAWCZYK, MARGERY R
STREET ADDRESS 15343 AMBERLY DRIVE
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete
NAME D
KRAWCZYK, EDWARD W
STREET ADDRESS 13147 GREENGAGE LN
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME D, P, T
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D, P, T
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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.

SIGNATURE:

M. Krawczyk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06 (813) 969-3483

Date

Daytime Phone #