

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90004 006 ***150.00

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1. Entity Name

A DEEP BLUE DIVE CENTER CORPORATION



Principal Place of Business

400 SADOWSKI CAUSEWAY
KEY COLONY BEACH FL 33051

Mailing Address

PO BOX 510378
KEY COLONY BEACH FL 33051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2392307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEIDLINGER, JEFFREY S
19551 INDIAN MOUND DR
SUGARLOAF KEY FL 33042

7. Name and Address of New Registered Agent

Name Jeffrey S Neidlinger
Street Address (P.O. Box Number is Not Acceptable)

30854 Ortega
City Big Pine Key FL Zip Code 33043

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

2/1/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	P	<input type="checkbox"/> Delete
NAME	NEIDLINGER, JEFFREY S	
STREET ADDRESS	19551 INDIAN MOUND DR	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEIDLINGER, HELMUTH C JR.	
STREET ADDRESS	2380 N. BEACH RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	S-T	<input type="checkbox"/> Delete
NAME	NEIDLINGER, MARTHA M	
STREET ADDRESS	2380 N. BEACH RD	
CITY-ST-ZIP	ENGLEWOOD FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neidlinger, Jeffrey S.	
STREET ADDRESS	30854 Ortega	
CITY-ST-ZIP	Big Pine Key, FL 33043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 305-743-2421
Date Daytime Phone #