2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000104825

1. Entity Name

THE DIVE SHACK INC

Principal Place of Business	Mailing Address
106 JACKSON CIRCLE PALATKA, FL 32177	106 JACKSON CIRCLE PALATKA, FL 32177

07102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0246129	Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER, MARK V
106 JACKSON CIRCLE
PALATKA, FL 32177

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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS

TITLE	PRES
NAME	FOWLER, MARK V
STREET ADDRESS	106 JACKSON CIRCLE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	VP
NAME	FOWLER, BARBARA A
STREET ADDRESS	106 JACKSON CIRCLE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/06-80005-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X *Barbara Fowler* BARBARA FOWLER 7-12-06 (386) 328-7349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #