

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90029 044 ***150.00

DOCUMENT # P03000104825 1. Entity Name THE DIVE SHACK INC	
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Principal Place of Business 106 JACKSON CIRCLE PALATKA, FL 32177	Mailing Address 106 JACKSON CIRCLE PALATKA, FL 32177
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40008181



DO NOT WRITE IN THIS SPACE

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0246129	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOWLER, MARK V 106 JACKSON CIRCLE PALATKA, FL 32177
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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 _____ DATE _____
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FOWLER, MARK V 106 JACKSON CIRCLE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOWLER, BARBARA A 106 JACKSON CIRCLE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Barbara Fowler Date: 1-29-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR