


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000104825	
1. Entity Name THE DIVE SHACK INC	

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 106 JACKSON CIRCLE PALATKA, FL 32177	Mailing Address 106 JACKSON CIRCLE PALATKA, FL 32177
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07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0246129	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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**DO NOT WRITE  
IN THIS SPACE**

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 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
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U00000954161  
07/11/08-80002-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 **7/8/08** **386-937-3259**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**BARBARA FOWLER**