2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT							FI	LED			
DOCUMENT # P03000147317 1. Entity Name SOUTH LAKE DIVERS, INC.							SECRETAR DIVISION OF	Y OF STA	NTE TIONS	•	
SOUTH LAKE DIVERS, INC.						05 NOV 15	PH 3:	19			
Principal Place of Business Mailing Address										•	
2560 E HWY 5	2560 E HWY 50	2560 E HWY 50									
110		110									
CLERMONT, FL 34711		CLERMONT, FL 34711									
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.									
City & State		City & State				11082005	Chg-P	CR2E03		ana eta d	
				4. FEI Number 77-0614813				No	plied For t Applicable		
Zip	Country	Zip	ntry		5. Certificate of		□ F	8.75 Add se Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
SHERROD, DEBORAH L				Name							
450 E. HIGHWAY 50, SUITE 6 CLERMONT, FL 34711				Street Address (P.O. Box Number is Not Acceptable)							
				City FL Zip Code						4	
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10.	OFFICERS AND E	NECTOR				455:50:00					
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	SHERROD, DEBORAH L	☐ Delete	NAM					j	X Change	Addition .	
	450 E. HIGHWAY 50, SUITE 6			ET ADDRESS	250	60 E Hu	oy 50	110			
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NAME S	SHERROD, JAMES ALLEN	•	NAM	ε		60	00614	4939	96	_	
į.	450 E. HIGHWAY 50, SUITE 6			ET ADDRESS		11/15/(DO614)501075-	-003 🖼	 \$61.25	5	
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STREET ADDRESS			NAM			•					
CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
	rtify that the information supplicativith	this filling does not qualify for			ad in Co	ation 110 07/242	Florida Statuta : 1	further code	that the fr	formation	
12. I hereby certify that the information supplied with this filling 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: Dunch Shenod 11-8-05											