2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P03000147317

Entity Name: SOUTH LAKE DIVERS, INC.

Current Principal Place of Business:

602 E HWY 50 UNIT D
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

602 E HWY 50 UNIT D
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 77-0614813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERROD, DEBORAH L
558 WALDO ST.
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHERROD, DEBORAH L
Address: 602 E HWY 50 UNIT D
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete
Name: SHERROD, JAMES A MR.
Address: 558 WALDO ST.
City-St-Zip: GROVELAND, FL 34711

Title: S ( ) Delete
Name: SHERROD, CODY A
Address: 10751 S. E. 201ST.ST.
City-St-Zip: INGLIS, FL 34449

Title: MGRM ( ) Delete
Name: DARRELL, MEUNIER
Address: 1438 DISSTON AVE.
City-St-Zip: CLERMONT, FL 34711

Title: MGRM ( ) Delete
Name: TIBOR, FARKAS
Address: 7313 OTTER CREEK DR.
City-St-Zip: NEWPORT RICHEY, FL 34655

Title: MGRM (X) Delete
Name: JEREDAN, BIBLER
Address: 13153 LOBLOLLY LN.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH SHERROD P 04/29/2009

Electronic Signature of Signing Officer or Director Date