

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90054 011 ***150.00

DOCUMENT # P05000002136 1. Entity Name CAPT. PETE'S DISCOUNT SCUBA, INC.			
Principal Place of Business 710 MCKINLEY AVE LEHIGH ACRES, FL 33936		Mailing Address 710 MCKINLEY AVE LEHIGH ACRES, FL 33936	
2. Principal Place of Business - No P.O. Box # 4391 Colonial Blvd		3. Mailing Address 710 MCKINLEY AVE	
Suite, Apt. #, etc. STE # 123		Suite, Apt. #, etc. 	
City & State FT. MYERS FLORIDA		City & State LEHIGH ACRES FLORIDA	
Zip 33966		Zip 33972	
Country USA		Country USA	
4. FEI Number 20-2179987		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMSON, PETER M 710 MCKINLEY AVE LEHIGH ACRES, FL 33936		7. Name and Address of New Registered Agent Name WILLIAMSON, PETER M. Street Address (P.O. Box Number is Not Acceptable) 710 MCKINLEY AVE City LEHIGH ACRES FL Zip Code 33972	
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 PETER M. WILLIAMSON, PRESIDENT 2/6/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, PETER M 710 MCKINLEY AVE LEHIGH ACRES, FL 33936 CHANGE ZIP TO 33972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: PETER M. WILLIAMSON, PRESIDENT 2/6/08 2393379564 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			