2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000020342 1. Entity Name JACKSONVILLE DIVERS INC							FILED 2008 SEP 15 AM 9: 47				
Principal Place of Business 2777 UNIVERSITY BLVD WEST			Mailing Address 2777 UNIVERSITY BLVD WEST 4				SEGNE AND OF STATE TALLAHASSEE, FLORIDA				
JACKSONVILLE, FL 32217 US			JACKSONVILLE, FL 32217 US				42111 1814 (8111 11111 11		Ann eigib (izi		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08122008	Chg-P	CR2E034	(12/06)		
City & State			City & State			4. FEI Numb	er			plied For t Applicable	
Zip	Country		Zip Cour		ntry		5. Certificate of Status Desired				
ļ		Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent Name					
MECHELKE; DANIEL F- 1636 RIVER ROAD JACKSONVILLE, FL 32207			•		Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	IVILLE, PL 322	107									
	\rightarrow	_		City				FL	Zip Code		
8. The above named entity submits in 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, typoo or printed name of registered agent and title if applicable. (NOTE Registered Agent aignature required when reinstating) OATE											
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finance Trust Fund Contribution.						\$5.00 May Be Added to Fees	In accordance corporation did				
10.	Р	OFFICERS AND	DIRECTORS Delete	11	LE	ADDITIONS	CHANGES TO OF		RECTORS Change	IN 11	
NAME STREET ADDRESS	MECHELKE, D 1636 RIVER R		□ Deiet	NA	ME REET ADDRESS	_30	300136159813 09/19/0801045013 **150.00				
CITY-ST-ZIP	JACKSONVILL	.E, FL 32207	Deleti		Y-ST-ZIP	09/19	/0801045		<u>*150.0</u>] Change	O Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ME REET ADDRESS IY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Delet	LE ME REET ADDRESS IY-ST-ZIP			C] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NA ST	LE ME REET ADDRESS IY-ST-ZIP			Ċ] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NA St	ILE ME REET ADDRESS TY-ST-ZIP			С] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NA St Cf	ILE ME REET ADDRESS IY-ST-ZIP				Change	Addition	
12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 of 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 the empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Description											