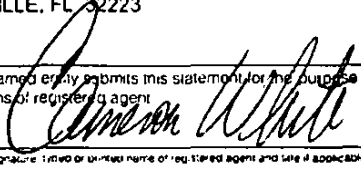
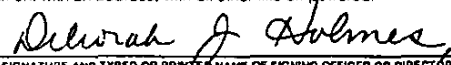


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-29-2008 90073 030 ***150.00

DOCUMENT # P07000028520			
1. Entity Name AQUIFER DIVERS, INC.			
Principal Place of Business 404 BRIDGEVIEW TERRACE JACKSONVILLE, FL 32259 US		Mailing Address 404 BRIDGEVIEW TERRACE JACKSONVILLE, FL 32259 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04222008		Chg-P CR2E034 (12/06)	
4. FEI Number 20-8572049		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD J. SMITH, P.A. 12443 SAN JOSE BOULEVARD SUITE 1004 JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name CAMERON WHITE, PA Street Address (P.O. Box Number is Not Acceptable) 12961 N MAIN ST SUITE 203 City JACKSONVILLE FL Zip Code 32218	
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  AS REGISTERED AGENT DATE 04.23.2008 Signature: Printed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	P HOLMES, DEBORAH J 404 BRIDGEVIEW TERRACE JACKSONVILLE, FL 32259 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SYME, SHERRY A 404 BRIDGEVIEW TERRACE JACKSONVILLE, FL 32259 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  DEBORAH J. HOLMES AS President		Date 04/28/08 Daytime Phone # (904) 638-5181	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	