

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P92000007875

1. Entity Name
OCALA DIVE CENTER, INC.



Principal Place of Business
**500 SW 10TH STREET
SUITE 101
OCALA, FL 34474 US**

Mailing Address
**500 SW 10TH STREET
SUITE 101
OCALA, FL 34474 US**



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number
51-3151082

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FOOTE, WILLIAM E
500 SW 10TH ST
SUITE 101
OCALA, FL 34474**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FOOTE, WILLIAM E JR.
STREET ADDRESS 1433 S.E. 8TH STREET
CITY-ST-ZIP Ocala, FL 34471

TITLE STD
NAME FOOTE, FRANCIS
STREET ADDRESS 91 SAN JUAN DR., STE. G-2
CITY-ST-ZIP PONTE VEDRA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/15/06-80081-016 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 732-9779