

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90138 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012151	
1. Entity Name	
DENIZENS OF THE DEEP INC	

DO NOT WRITE IN THIS SPACE

20017640

2. Principal Place of Business		3. Mailing Address	
22 BLUE JORDON RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
FROSTPROOF, FL			
Zip	Country	Zip	Country
33843			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-3226295		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11.	
TITLE	PRESIDENT	TITLE			
NAME	SHAWN R WOODWARD	NAME			
STREET ADDRESS	22 BLUE JORDAN RD	STREET ADDRESS			
CITY-ST-ZIP	FROSTPROOF FL 33843	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Shawn R Woodward* SHAWN R WOODWARD, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 863-635-6410
Date Daytime Phone #