


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90198 012 ***150.00

DOCUMENT # P94000037669	
1. Entity Name DIVERS CITY, USA, INCORPORATED	

Principal Place of Business 90511 OLD HWY. TAVERNIER, FL 33070 US	Mailing Address 90511 OLD HWY. TAVERNIER, FL 33070 US
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2. Principal Place of Business - No P.O. Box # 90511 OLD HWY	3. Mailing Address 659 COLSON DR.
Suite, Apt. #, etc. STE 3	Suite, Apt. #, etc.

City & State TAVERNIER, FL	City & State KEY LARGO, FL
Zip 33070	Zip 33037
Country USA	Country USA

40081515



04222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent FROELICH, BARBARA 659 COLSON DRIVE KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Barbara Froelich* DATE 4-23-07
Signature, typed 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROELICH, BARBARA 659 COLSON DR KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROBERT D. MIKLIA 659 COLSON DR. KEY LARGO, FL 33037 <input type="checkbox"/> Change <input checked="" 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: *Barbara Froelich* **4-23-07 305-852-0430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #