

2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # P94000050025



1. Entity Name
ANDERSON DIVING, INC.

Principal Place of Business
4811 BOWDEN RD
JACKSONVILLE, FL 32216 US

Mailing Address
4811 BOWDEN RD
JACKSONVILLE, FL 32216 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

11202008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3255808

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, SCOTT C
5731 ST AUGUSTINE RD
JACKSONVILLE, FL 32207

Name: Anderson, Scott C.
Street Address (P.O. Box Number is Not Acceptable)
4811 Bowden Rd.
Jacksonville, FL 32216
City: FL Zip Code: 32216

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)

11-24-08 DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSON, SCOTT C
STREET ADDRESS 5731 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL

Delete

TITLE M
NAME ANDERSON, SARAH N
STREET ADDRESS 11379 MOTOR YACHT DRIVE N.
CITY-ST-ZIP JACKSONVILLE, FL 32225

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Anderson, Scott C
STREET ADDRESS 4811 Bowden Road
CITY-ST-ZIP Jacksonville, FL 32216
 Change Addition

TITLE Secretary / Treasure
NAME Anderson, Sarah N
(Same)
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200137834912
11/14/08--01042--005 ***87.50
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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:

Sarah Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/08 904-731-0000
Date Daytime Phone #