2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000073879

1. Entity Name
WEST FLORIDA SCUBA SCHOOL INC.

Principal Place of Business	Mailing Address
1301 N. GULF BLVD. INDIAN ROCKS BEACH, FL 33785 US	1301 N. GULF BLVD. INDIAN ROCKS BEACH, FL 33785

04072004   No Chg-P   CR2E034 (10/03)

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4. FEI Number 59-3280281	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENWAY, WILLIAM O
1301 N. GULF BLVD.
INDIAN ROCKS BEACH, FL 33785

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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 _____
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREENWAY, WILLIAM O.
STREET ADDRESS	13917 OAK FOREST BLVD
CITY-ST-ZIP	SEMINOLE, FL
TITLE	VP
NAME	GREENWAY, DONNA
STREET ADDRESS	13917 OAK FOREST BLVD
CITY-ST-ZIP	SEMINOLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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94/12/04-80097-021 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna K Greenway Donna K Greenway   7 Apr 2004   727 595-3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #