

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015737

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: DIVERSE INDUSTRIES, INC.

**Current Principal Place of Business:**

5331 COMMERCIAL WAY, UNIT 112  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

5331 COMMERCIAL WAY, UNIT 112  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 65-0573899      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMSON, GARY  
9208 TARLETON CIR.  
WEEKI WACHEE, FL 34613      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: THOMSON, GARY  
Address: 9208 TARLETON CIR.  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: VD      ( ) Delete  
Name: THOMSON, PHILIP  
Address: 9457 RUBY FALLS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: STD      ( ) Delete  
Name: THOMSON, JOAN  
Address: 9208 TARLETON CIR.  
City-St-Zip: WEEKI WACHEE, FL 34613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY THOMSON

MR.

01/03/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date