## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Hdam L. Franc

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

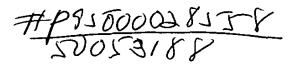
SIGNATURE:

## **Secretary of State** DOCUMENT # P95000028558 06-02-2005 90001 013 \*\*\*158.75 CANÁVERAL DIVERS, INC. Principal Place of Business Mailing Address 5320 AVOCADO AVENUE 5320 AVOCADO AVENUE **DUU53188** COCOA, FL 32926-2944 COCOA, FL 32926-2944 2. Principal Place of Business (607/ State Rd 3. Mailing Address 6071 State Rd 524 Suite, Apt. #, etc Suite, Apt, #, etc. 05312005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-3310751 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent same) FRANCK, ADAM L **5320 AVOCADO AVENUE** Street Address (P.O. Box Number is Not Acceptable) COCOA, FL 32926-2944 locoa 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. Hdam tranck un SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent sig FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIP TITLE Delete TITLE Change ■ Addition FRANCK, ADAM L NAME 6071 State Rd 524 Cocoa, FL 32926-2944 5320 AVOCADO AVENUE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP COCOA, FL 329262944 CITY-ST-ZIP TITLE Delete Change ☐ Addition FRANCK, EMIE Y NAME NAME STREET ADDRESS 5320 AVOCADO AVENUE STREET ADDRESS COCOA, FL 329262944 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. (321),223

FILED

Jun 02, 2005 8:00 am

ATTACHMENT



## CANAVERAL DIVERS, INC.

6071 State Rd 524, Cocoa, FL 32926-2944 Office: (321) 639-4169 • Fax: (321) 631-1040 Cellular 24 hours a day: (321) 223-5506 E-Mail: cdi1@direcway.com

May 31, 2005

Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir:

Please find Canaveral Divers 2005 Annual Report and \$150 filing fee enclosed. Please note that the Corporation relocated and I am certifying we never received the prior notice for the 2005 Annual Report.

Thank you,

Adam L. Franck