

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000064148

1. Entity Name  
MERIDIAN DIVERS, INC.



**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
10131-17 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

Mailing Address  
11332 RUSTIC PINES CIR  
JACKSONVILLE, FL 32257



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3328978

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LOGAN, SALLY ANNE  
10131-17 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

**DO NOT WRITE  
IN THIS SPACE**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LOGAN, SALLY A  
11332 RUSTIC PINES CIRCLE  
JACKSONVILLE, FL 32257

U000000761568  
05/25/07-80060-011 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

904 262160