

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90002 036 ***150.00

DOCUMENT # P95000064895

1. Entity Name:

DIVING SAFARIS DE COSTA RICA, INC.



Principal Place of Business

800 -43RD AVE N
SAINT PETERSBURG FL 33703
US

Mailing Address

800 -43RD AVE N
SAINT PETERSBURG FL 33703
US

2. Principal Place of Business

4175 Silver Fox Dr

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15692

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Spring Hill, FL

Zip
34609-0379

Country

U.S.

City & State

Brooksville, FL

Zip
34604-0122

Country

U.S.

4. FEI Number

59-3338960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEARD, NADINE K
800 -43RD AVE N
SAINT PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name

Beard, Nadine K.

Street Address (P.O. Box Number is Not Acceptable)

4175 Silver Fox Dr.

City

Spring Hill

FL

Zip Code

34609-0379

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

Nadine K. Beard

Signature, typed or printed name of registered agent and title if applicable.

NADINE K. BEARD, President

(NOTE: Registered Agent signature required when reinstating)

2/8/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME BEARD, NADINE K. ☐ Delete
STREET ADDRESS 800 -43RD AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE VT
NAME BEARD, WILLIAM V ☐ Delete
STREET ADDRESS 800 -43RD AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4175 Silver Fox Dr.
CITY-ST-ZIP Spring Hill, FL 34609

TITLE ☒ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Nadine K. Beard

NADINE K. BEARD

2/8/04

Date

352-848-0173

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR