
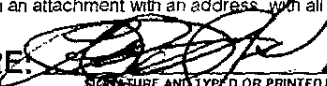


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000080959 1. Entity Name DIVE CHARTERS INTERNATIONAL, INC.																													
Principal Place of Business 700 CASA LOMA BOULEVARD BOYNTON BEACH FL 33435			Mailing Address C/O L.D. SAND 5323 CANAL DRIVE LAKE WORTH FL 33463																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 65-0126565 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SAND, L.D. 5323 CANAL DRIVE LAKE WORTH FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAND, L.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5323 CANAL DRIVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>LAKE WORTH FL 33463</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">S</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KELLY, CATHERINE S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4627 DOLPHINE DRIVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>LAKE WORTH FL 33463</td> <td></td> </tr> </table> </div> </div>						TITLE	PTD	<input type="checkbox"/> Delete	NAME	SAND, L.D.		STREET ADDRESS	5323 CANAL DRIVE		CITY- ST- ZIP	LAKE WORTH FL 33463		TITLE	S	<input type="checkbox"/> Delete	NAME	KELLY, CATHERINE S		STREET ADDRESS	4627 DOLPHINE DRIVE		CITY- ST- ZIP	LAKE WORTH FL 33463	
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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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE  L.D. SAND, President </div> <div style="width: 35%;"> 4/25/05 561-734-3818 </div> </div>																													