

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000009837

1. Entity Name
3D DIVING, INC.



Principal Place of Business
**NORTH COUNTY AQUATIC COMPLEX
685 TONEY PENNA
JUPITER, FL 33458 US**

Mailing Address
**215 JONES CREEK DRIVE
JUPITER, FL 33458 US**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0745914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOODWIN, DAVID A
215 JONES CREEK DRIVE
JUPITER, FL 33458**

**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 David A. Goodwin (David A. Goodwin)

2/17/04

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

(NOTE: Registered Agent signature required when re-registering).

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
GOODWIN, DAVID A
215 JONES CREEK DRIVE
JUPITER, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T/S
GOODWIN, NANCY L
215 JONES CREEK DRIVE
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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02/19/04-80086-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

David A. Goodwin (David A. Goodwin)

2/17/04

561-222-3483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #