

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000011696

1. Entity Name
SOUTHEAST DIVING ENTERPRISES, INC.



Principal Place of Business
1646 TAYLOR ROAD
DAYTONA BEACH, FL 32128 US

Mailing Address
SPRUCE CREEK SCUBA
1646 TAYLOR ROAD
DAYTONA BEACH, FL 32128 US



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3362494

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

MCDANIEL, CHARLES E
1646 TAYLOR ROAD
PORT ORANGE, FL 32128

**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

**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 P/S
NAME MCDANIEL, CHARLES E
STREET ADDRESS 1646 TAYLOR ROAD
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE T
NAME MCDANIEL, MARY L
STREET ADDRESS 1646 TAYLOR RD
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000000319
01/09/04-80020-016 150.00

**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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. McDaniel

1-6-04

336-767-1527

Date

Daytime Phone #