

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90052 023 ***150.00

DOCUMENT # P96000012446					
1. Entity Name HAMMERHEAD DIVE CENTER, INC.					
Principal Place of Business 908 E PARKER ST LAKELAND, FL 33801 US			Mailing Address 908 E PARKER ST LAKELAND, FL 33801 US		
2. Principal Place of Business 4200 SOUTH FLORIDA AVE.		3. Mailing Address 4200 SOUTH FLORIDA AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKELAND FL		City & State LAKELAND FL		4. FEI Number 59-3513237	
Zip 33813		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUARD, PIERCE J JR 908 E PARKER ST LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name: PIERCE J. GUARD JR. Street Address (P.O. Box Number is Not Acceptable): 4200 SOUTH FLORIDA AVE City: LAKELAND FL Zip: 33813		
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: PIERCE J. GUARD JR. DATE: 2/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME GUARD, PIERCE J		<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME 6878 EAGLE RIDGE LOOP
STREET ADDRESS 2102 SAXON LANE	CITY-ST-ZIP LAKELAND, FL 33810			STREET ADDRESS LAKELAND FL 33813	CITY-ST-ZIP
TITLE VPD	NAME BINGHAM, SIDNEY D		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14074 BLACKJACK ROAD	CITY-ST-ZIP DOVER, FL 33527				
TITLE SD	NAME GUARD, SUSAN O		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 6878 EAGLE RIDGE LOOP
STREET ADDRESS 2102 SAXON LANE	CITY-ST-ZIP LAKELAND, FL 33810			STREET ADDRESS LAKELAND, FL 33813	CITY-ST-ZIP
TITLE TD	NAME BINGHAM, LISA D		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14074 BLACKJACK ROAD	CITY-ST-ZIP DOVER, FL 33527				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with an officer like empowered.					
SIGNATURE: PIERCE J. GUARD JR.			Date: 2/24/06 Daytime Phone #: 863-619-7440		