

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90059 011 ***150.00

DOCUMENT # P97000061958					
1. Entity Name CAPTAIN RON'S DIVE ADVENTURES, INC.					
Principal Place of Business 1611 NW 20TH AVE. CRYSTAL RIVER, FL 34428 <div style="text-align: center; margin-top: 10px;">USA</div>			Mailing Address 1611 NW 20TH AVE. CRYSTAL RIVER, FL 34428		
2. Principal Place of Business		3. Mailing Address 5900 S. TAMiami TRAIL			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE I			
City & State		City & State SARASOTA FL		4. FEI Number 65-0772524	
Zip USA		Zip 34231		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LYELL, RONALD D 1611 NW 20TH AVE. CRYSTAL RIVER, FL 34428			7. Name and Address of New Registered Agent Name: TRACY CATHERINE L. Street Address (P.O. Box Number is Not Acceptable): 5900 S. TAMiami TRAIL Suite I City: SARASOTA FL Zip Code: 34231		
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: <u>Catherine L. Tracy</u> DATE: <u>1-30-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00.		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: LYELL, RONALD D STREET ADDRESS: 1611 NW 20TH AVE. CITY-ST-ZIP: CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		TITLE: DPST NAME: LYELL, RONALD D. STREET ADDRESS: 1611 NW 20th Avenue CITY-ST-ZIP: CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: <u>Ronald D. Lyell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2-7-04</u>		Daytime Phone #: <u>352-563-0891</u>

94012540



01082004 Chg-P CR2E034 (10/03)