


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000073191 1. Entity Name DOWN UNDER DIVE SERVICE, INC.	
--	---

Principal Place of Business 1066 VICTOR HERBERT DRIVE LARGO, FL 33771	Mailing Address 1066 VICTOR HERBERT DR. LARGO, FL 33771
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NORMAN, WALTER R 1066 VICTOR HERBERT DR. LARGO, FL 33771	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS		<p>000000172100 09/10/04-80003-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NORMAN, WALTER R 1066 VICTOR HERBERT DR. LARGO, FL 33771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NORMAN, LUCINDA S 1066 VICTOR HERBERT DR. LARGO, FL 33771	
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		

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: Walter R. Norman Walter R. Norman, 9-7-04, 888-538-8564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #