

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 28, 2008 08:00 AM

Secretary of State

DOCUMENT # S32844

1. Entity Name

DIVERSIFIED HOLDINGS OF CANAVERAL, INC.



Principal Place of Business

760 MULLET DRIVE
CAPE CANAVERAL, FL 32920

Mailing Address

760 MULLET DRIVE
CAPE CANAVERAL, FL 32920

PAID

Check # 1229

Amount \$ 150.00

Date 4/23/08



01312008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3056894

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

BRAGDON, DAVID C.
760 MULLET DR.
CAPE CANAVERAL, FL 32920

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRAGDON, DAVID C.
STREET ADDRESS 1610 YATES DR
CITY-ST-ZIP MERRITT ISLAND, FL

TITLE SD
NAME SMITH, JAMES L.
STREET ADDRESS 1970 JUNIPER CIR
CITY-ST-ZIP COCOA, FL

TITLE TD
NAME HUNT, DARRELL T.
STREET ADDRESS 4505 MONICA CT.
CITY-ST-ZIP MERRITT ISLAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000928372
05/21/08-80024-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

James L. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Smith Vice Pres

4/23/08

321-784-4838

Date

Daytime Phone #