

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000057413

**FILED  
Jan 27, 2021  
Secretary of State  
2236489644CC**

**Entity Name:** DEEP ADVENTURE INC

**Current Principal Place of Business:**

220 OCEAN VIEW LANE  
APT B  
INDIALANTIC, FL 32903

**Current Mailing Address:**

220 OCEAN VIEW LANE  
APT B  
INDIALANTIC, FL 32903 US

**FEI Number:** 46-3494229

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WOZNICK, BEAR  
830 N ATLANTIC AVE APT B504  
COCOA BEACH, FL 32931 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name WOZNICK, BEAR PRES  
Address 830 N ATLANTIC AVE APT B504  
City-State-Zip: COCOA BEACH FL 32931

Title VP  
Name WOZNICK, BEAR  
Address 830 N ATLANTIC AVE APT B504  
City-State-Zip: COCOA BEACH FL 32931

Title S  
Name WOZNICK, BEAR  
Address 830 N ATLANTIC AVE APT B504  
City-State-Zip: COCOA BEACH FL 32931

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEAR WOZNICK

**PRES**

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date