

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000057413

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**4758321579CC**

**Entity Name:** DEEP ADVENTURE INC

**Current Principal Place of Business:**

830 N ATLANTIC AVE  
APT B504  
COCOA BEACH, FL 32931

**Current Mailing Address:**

830 N ATLANTIC AVE  
APT B504  
COCOA BEACH, FL 32931 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**

**02/07/2019**

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

\_\_\_\_\_  
Date