

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90090 040 \*\*\*150.00

**DOCUMENT # 673344**

1. Entity Name

SCUBA WEST, INC.



Principal Place of Business

8109 NEW YORK AVENUE  
HUDSON FL 34667

Mailing Address

8109 NEW YORK AVENUE  
HUDSON FL 34667

*Note new address*

2. Principal Place of Business

6815 tower Dr.

3. Mailing Address

6815 tower Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

Zip

34667

Country

USA

Zip

34667

Country

USA

4. FEI Number

59-3104415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEINERTH, PAUL C



Mr. Paul Charles Heinerth  
6815 Tower Dr  
Hudson, FL 34667

7. Name and Address of New Registered Agent

Name

(Same)

Street Address (P.O. Box Number is Not Acceptable)

6815 tower Dr.

City

Hudson, FL

FL

Zip Code

34667

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

*Paul Heinerth*

*for change of address*

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, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HEINERTH, PAUL C	
STREET ADDRESS	8109 NEW YORK AVE.	
CITY - ST - ZIP	HUDSON, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HEINERTH, JILL	
STREET ADDRESS	8109 NEW YORK AVE.	
CITY - ST - ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Paul Charles Heinerth	
STREET ADDRESS	6815 Tower Dr	
CITY - ST - ZIP	Hudson, FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Paul Heinerth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 2004 727. 863. 6111

Date

Daytime Phone #