

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 10, 2006 8:00 am
Secretary of State**

04-10-2006 90302 048 ***150.00

DOCUMENT # K18184

1. Entity Name
PROFESSIONAL SCUBA ASSOCIATION, INC.



Principal Place of Business
9487 NW 115TH AVE
OCALA, FL 34482 US

Mailing Address
9487 NW 115TH AVE
OCALA, FL 34482 US

2. Principal Place of Business
9425 NW 115 AVE.
Suite, Apt. #, etc.

3. Mailing Address
9425 NW 115 AVE
Suite, Apt. #, etc.

City & State
Ocala, FL
Zip 34482

City & State
Ocala, FL
Zip 34482

Country US

Country US

04062006 Chg-P CR2E034 (11/05)

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATTS, HAL
9487 NW 115TH AVE
OCALA, FL 34482

7. Name and Address of New Registered Agent
Name Watts, Hal
Street Address (P.O. Box Number is Not Acceptable)
9425 NW 115 Ave.

City Ocala FL Zip Code 34482

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)

4-6-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WATTS, JANICE M
STREET ADDRESS 9487 118TH AVE
CITY-ST-ZIP OCALA, FL 34482

Delete

TITLE STC
NAME WATTS, HAL
STREET ADDRESS 1994 PALM LN
CITY-ST-ZIP ORLANDO, FL 32803

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WATTS, JANICE M
STREET ADDRESS 9425 NW 115 Ave
CITY-ST-ZIP Ocala, FL 34482

Change Addition

TITLE STC
NAME Watts, Hal
STREET ADDRESS 9425 NW 115 AVE
CITY-ST-ZIP Ocala, FL 34482

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Hal Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06

352-861-7724

Date

Daytime Phone #