

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K18184

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL SCUBA ASSOCIATION, INC.

**Current Principal Place of Business:**

9425 NW 115 AVE  
OCALA, FL 34482 US

**New Principal Place of Business:**

**Current Mailing Address:**

8174 CRESCENT BEACH ROAD  
SAND POINT, MI 48755 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

WATTS, HAL  
9425 NW 115 AVE  
OCALA, FL 34482 US

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

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

**OFFICERS AND DIRECTORS:**

Title: MGRM  
Name: WATTS, JANICE M  
Address: 9425 NW 115 AVE  
City-St-Zip: OCALA, FL 34482

Title: STC  
Name: WATTS, HAL  
Address: 9425 NW 115 AVE  
City-St-Zip: OCALA, FL 34482

Title: P  
Name: TAYLOR, GARY L  
Address: 8174 CRESCENT BEACH ROAD  
City-St-Zip: PIGEON, MI 48755

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: GARY L. TAYLOR

P

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date