## 2006 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT



DOCUMENT # N05000003571 SCUBA SCOUTS U.S.A, INC.

Principal Place of Business Mailing Address **506 OCEANVIEW AVE.** 5001798A 506 OCEANVIEW AVE. PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 20-4755663 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLSON, DAVID R 506 OCÉANVIEW AVE. Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR, FL 34683 Zip Code 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) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete ☐ Addition OLSON, DAVID R NAME NAME STREET ADDRESS 506 OCEANVIEW AVE. STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition JAAP, WALTER C NAME NAME STREET ADDRESS 273 CATA; AN BLVD STREET ADDRESS ST. PETERSBURG, FL 33704 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE OLSON, TERESA MRS NAME NAME STREET ADDRESS 506 OCEANVIEW AVE. STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP TITES DCFO Delete TITLE ☐ Addition GARRISON, JOE MR NAME NAME Post office Box 1221 STREET ADDRESS 1374 LOTUS DR. STREET ADDRESS DUNEDIN, FL 34698 Dunesin CITY - ST-ZIP CITY-ST-ZIP 34697.1221 □ Delete ☐ Change ☐ Addition PAINE, JEFF NAME NAME 3103 ASHWOOD LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition JOHNSON, JON NAME NAME 548 DOLPHIN AVE SE STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33705 CITY-ST-ZIP CITY-ST-7IP

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 617, 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. 727 535 2257

SIGNATURE:

Garrison SIGNATURE AND TYPED OR PRUITED NAME OF SIGNING OFFICER OR DIRECTOR

LOSEPH E GARRISON 4/25/2006

**FILED** 

May 01, 2006 8:00 am Secretary of State

05-01-2006 90484 021 \*\*\*\*61.25

Daytime Phone #

## **ATTACHMENT**

Scuba Scouts USA, Inc. 500/7980

Document Number N05000003571

**Directors and Officers - Continuation** 

Director Hickman, Gregg 36637 U S Highway 19 North Palm Harbor FL 34684

Director Smith, Brian 5701 Bayshore Blvd Tampa FL 33761

Director Matzke 4335 Wheatland Way Palm Harbor FL 34685