


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000073561
1. Entity Name
SEVERINO SCUBA, INC.



Principal Place of Business
**2905 69TH STREET EAST
PALMETTO, FL 34221**

Mailing Address
**2905 69TH STREET EAST
PALMETTO, FL 34221**

DO NOT WRITE IN THIS SPACE



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1047763

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SEVERINO, SUSAN
2905 69TH STREET EAST
PALMETTO, FL 34221**

**DO NOT WRITE
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

03/31/04-80013-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SEVERINO, SUSAN
2905 69TH STREET EAST
PALMETTO, FL 34221**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SEVERINO, JEFF
2905 69TH STREET EAST
PALMETTO, FL 34221**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: Susan Severino Susan Severino **3/28/04** **941-358-6409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #