


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90037 016 \*\*\*150.00

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



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

**40070635**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*7511 E. Horse Hammock Rd*      *7511 E. Horse Hammock Rd.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04142008      Chg-P      CR2E034 (12/06)

City & State      City & State  
*Avon Park*      *Avon Park, FL*

4. FEI Number      Applied For  
**65-1047763**       Not Applicable

Zip      Country      Zip      Country  
*33825*      *US*      *33825*      *US*

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*change to Horse Hammock*  
 City      **FL**      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 *Susan Severino President*      *Susan Severino*      *4/14/08*  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-appointing)      Date

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SEVERINO, SUSAN	
STREET ADDRESS	2905 69TH STREET EAST	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEVERINO, JEFF	
STREET ADDRESS	2905 69TH STREET EAST	
CITY-ST-ZIP	PALMETTO, FL 34221	
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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Severino, Susan	
STREET ADDRESS	7511 E. Horse Hammock Rd	
CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Severino, Jeff	
STREET ADDRESS	7511 E. Horse Hammock Rd	
CITY-ST-ZIP	Avon Park, FL 33825	
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 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: *Susan Severino*      *Susan Severino*      *4/14/08*      *863-314-5916*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number