

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000049201

1. Entity Name
COMMERCIAL DIVING SCHOOL, INC.



Principal Place of Business
5030 OLD KINGS ROAD NW
JACKSONVILLE, FL 32254-1184

Mailing Address
5030 OLD KINGS ROAD NW
JACKSONVILLE, FL 32254-1184

DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0713164

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUX, WILLIAM F
5030 OLD KINGS ROAD NW
JACKSONVILLE, FL 32254-1184

**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 Will F. Hux
Signature, typed or printed name of registered agent and title if applicable

WILL F HUX
(NOTE: Registered Agent signature required when reinstating)

4-20-07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 HUX, WILLIAM F
STREET ADDRESS 14410 POND PLACE DR
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE
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U00000738767
05/11/07-80081-016 158.75

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IN THIS SPACE**

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: Will F. Hux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILL F. HUX

4-20-07

Date

904-355-1777

Daytime Phone #