

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097885

FILED
Feb 01, 2008
Secretary of State

Entity Name: COMMERCIAL DIVING ACADEMY OF JACKSONVILLE, INC.

Current Principal Place of Business:

8137-B N. MAIN STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

8137-B N. MAIN STREET
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 01-0648601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, MICHAEL L
437 EAST MONROE STREET
SUITE 202
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPST () Delete
Name: WEISMAN, DAVID H
Address: 5906 SAXONY WOODS LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: P () Delete
Name: BLACK, LONNIE R
Address: 2073 OAKMOUNT DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID WEISMAN

DIRC

02/01/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date