

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90442 003 ***150.00

DOCUMENT # P03000086964
1. Entity Name
PRO-PELLER DIVING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2985 ST. JOHNS BLVD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

60031174

DO NOT WRITE IN THIS SPACE

City & State: JACKSONVILLE BEACH, FL

4. FEI Number: 65-1201545 Applied For: Not Applicable

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

Zip: 32250-8121 Country: Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: HEUSCHKEL, DAVID
Street Address (P.O. Box Number is Not Acceptable): 2985 ST. JONHS BLVD.
City: JACKSONVILLE BEACH FL Zip Code: 32250

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEUSCHKEL, DAVID 2985 ST. JOHNS BLVD. JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HEUSCHKEL 4/20/06 904 270-2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #