

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90009 028 \*\*\*158.75

**DOCUMENT # P03000098471**

1. Entity Name  
**SCUBA MATE, INC.**



Principal Place of Business  
1360 SW 21 LANE  
BOCA RATON, FL 33486

Mailing Address  
1360 SW 21 LANE  
BOCA RATON, FL 33486



04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**APPLIED FOR**

Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHEPER, JACK  
1360 SW 21 LANE  
BOCA RATON, FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
SCHEPER, JACK  
1360 SW 21 LANE  
BOCA RATON, FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
SCHEPER, LESLIE  
1360 SW 21 LANE  
BOCA RATON, FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addit

TITLE  
NAME  
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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:

*[Signature]*