

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90011 030 \*\*\*150.00

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01232006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P93000021247</b> 1. Entity Name <b>JACKSONVILLE SCUBANAUTS, INC.</b>					
Principal Place of Business <b>4203 TAHNEE CT. JACKSONVILLE, FL 32223</b>			Mailing Address <b>5031 DEGROVE RD JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business <b>5031 DeGrove Rd.</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-3170553</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>Jacksonville, FL</b>		City & State  			
Zip <b>32207</b>	Country <b>U.S.A.</b>	Zip  	Country  		
6. Name and Address of Current Registered Agent  <b>SCHLEISSING, DIANE 4203 TAHNEE CT. JACKSONVILLE, FL 32223</b>		7. Name and Address of New Registered Agent Name <b>LYNDA DUPES</b> Street Address (P.O. Box Number is Not Acceptable) <b>5031 DeGrove Rd.</b> <b>Jacksonville</b> City <b>FL</b> Zip Code <b>32207</b>			
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 <i>Lynda L. Dupes</i> <b>LYNDA L. DUPES, Treasurer 2/8/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHLEISSING, DIANE</b> <b>4203 TAHNEE CRT</b> <b>JACKSONVILLE, FL 32223</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MEANANY, MARIA</b> <b>3947 Pine Breeze Rd., S.</b> <b>Jacksonville, FL 32257</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CRAWFORD, WILLIAM</b> <b>7701 BAYMEADOWS CIR W APT 1138</b> <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DUPES, LYNDA</b> <b>5031 DEGROVE RD</b> <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LENNOX, DANA</b> <b>7701 BAYMEADOWS CIR W APT 1138</b> <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Lynda L. Dupes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/8/06</b> <b>904-396-4889</b> <small>Date Daytime Phone #</small>		