


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90016 040 ***150.00

DOCUMENT # P93000021247 1. Entity Name JACKSONVILLE SCUBANAUTS, INC.					
Principal Place of Business 5031 DEGROVE RD JACKSONVILLE, FL 32207			Mailing Address 5031 DEGROVE RD JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3170553	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUPES, LYNDA 5031 DEGROVE RD JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent * 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 <u><i>Lynda L. Dupes, Treasurer</i></u> DATE <u><i>2/13/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LENNOX, DANA 170 NW SILVER GLEN LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TYDE, VICTORIA 1148 Eagle Point Dr. St. Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRAWFORD, WILLIAM 7701 BAYMEADOWS CIR W APT 1138 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RIDDLE, ROBERT 9694 Wexford Rd. Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUPES, LYNDA 5031 DEGROVE RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHLEISSING, DIANE 7780 A1A, S. #308 SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
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: <u><i>Lynda L. Dupes</i></u> LYNDA L. DUPES <u><i>2/13/08</i></u> <u><i>904-396-4889</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					