

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021247

FILED
Feb 13, 2009
Secretary of State

Entity Name: JACKSONVILLE SCUBANAUTS, INC.

Current Principal Place of Business:

5031 DEGROVE RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5031 DEGROVE RD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3170553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPES, LYNDA
5031 DEGROVE RD
JACKSONVILLE, FL 32207 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: P () Delete
Name: TYDE, VICTORIA
Address: 1148 EAGLE POINT DR.
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP () Delete
Name: RIDDLE, ROBERT
Address: 9694 WEXFORD RD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: DUPES, LYNDA
Address: 5031 DEGROVE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: SCHLEISSING, DIANE
Address: 7780 A1A, S. #308
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LYNDA DUPES

T

02/13/2009

Electronic Signature of Signing Officer or Director

Date