2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2010
Secretary of State

DOCUMENT# P93000021247

Entity Name: JACKSONVILLE SCUBANAUTS, INC.

Current Principal Place of Business:

5031 DEGROVE RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

5031 DEGROVE RD
JACKSONVILLE, FL 32207 US

Current Mailing Address:

5031 DEGROVE RD
JACKSONVILLE, FL 32207

New Mailing Address:

5031 DEGROVE RD
JACKSONVILLE, FL 32207 US

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:

DUPES, LYNDA L MRS.
5031 DEGROVE RD
JACKSONVILLE, FL 32207 US

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: LYNDA L. DUPES 02/10/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: RIDDLE, ROBERT MR.
Address: 9694 WEXFORD RD.
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP
Name: DUPES, JAMES M MR.
Address: 5031 DEGROVE RD.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: T
Name: DUPES, LYNDA L MRS.
Address: 5031 DEGROVE RD
City-St-Zip: JACKSONVILLE, FL 32207 US

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

I hereby 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 all other like empowered.

SIGNATURE: LYNDA L. DUPES T 02/10/2010
Electronic Signature of Signing Officer or Director Date