


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90007 015 ***150.00

DOCUMENT # P94000093457					
1. Entity Name VOLUSIA MARINE SALVAGE, INC.					
Principal Place of Business 4287 ORIOLE AVE DAYTONA BEACH, FL 32127-6647 US			Mailing Address P.O. BOX 291103 PORT ORANGE, FL 32129-1103 US		
2. Principal Place of Business - No P.O. Box # 3812 SUNSET COVE DR		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT ORANGE FL		City & State			
Zip 32129		Country VOLUSIA		4. FEI Number 59-3291769	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHWARTZ, STEVEN G. 3304 NW BOCA RATON BLVD SUITE 200 BOCA RATON, FL 33434			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME SAVIA, PAUL STREET ADDRESS 4287 ORIOLE AVE CITY - ST - ZIP DAYTONA BEACH, FL 32127-6647			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 3812 SUNSET COVE DR CITY - ST - ZIP PORT ORANGE, FL 32129		
TITLE VP <input type="checkbox"/> Delete NAME SAVIA, DONNA M STREET ADDRESS 4287 ORIOLE AVE CITY - ST - ZIP DAYTONA BEACH, FL 32127-6647			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 3812 SUNSET COVE DR CITY - ST - ZIP PORT ORANGE FL 32129		
TITLE S <input type="checkbox"/> Delete NAME SAVIA, FRANK P STREET ADDRESS 18A PARK LANE PL CITY - ST - ZIP MASSAPEQUA, NY 11758			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE T <input type="checkbox"/> Delete NAME SAVIA, JOANNE M STREET ADDRESS 18A PARK LANE PL CITY - ST - ZIP MASSAPEQUA, NY 11758			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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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: _____ <i>Paul Savia President</i> 04/20/07 (386) 767-1508					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					