


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90063 049 ***150.00

DOCUMENT # P94000093457	
1. Entity Name VOLUSIA MARINE SALVAGE, INC.	

Principal Place of Business 3812 SUNSET COVE DR. PORT ORANGE, FL 32129 US	Mailing Address P.O. BOX 291103 PORT ORANGE, FL 32129-1103 US
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40060120



DO NOT WRITE IN THIS SPACE

03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3291769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHWARTZ, STEVEN G 6951 N FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33487
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVIA, PAUL 3812 SUNSET COVE DR PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAVIA, DONNA M 3812 SUNSET COVE DR. PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAVIA, FRANK P 18A PARK LANE PL 45 MASSAPEQUA AVE MASSAPEQUA, NY 11758 MASSAPEQUA, N.Y. 11758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAVIA, JOANNE M 18A PARK LANE PL 45 MASSAPEQUA AVE MASSAPEQUA, NY 11758 MASSAPEQUA, N.Y. 11758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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>Paul Savia, President</u>	Date: <u>03/06/08</u> Daytime Phone #: <u>(386) 767-1508</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	