

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093457

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: VOLUSIA MARINE SALVAGE, INC.

## Current Principal Place of Business:

3812 SUNSET COVE DR.  
PORT ORANGE, FL 32129 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 291103  
PORT ORANGE, FL 321291103 US

## New Mailing Address:

FEI Number: 59-3291769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWARTZ, STEVEN G  
6951 N FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33487 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: SAVIA, PAUL  
Address: 3812 SUNSET COVE DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: VP ( ) Delete  
Name: SAVIA, DONNA M  
Address: 3812 SUNSET COVE DR.  
City-St-Zip: PORT ORANGE, FL 32129

Title: S ( ) Delete  
Name: SAVIA, FRANK P  
Address: 45 MASSAPEQUA AVE  
City-St-Zip: MASSAPEQUA, NY 11758

Title: T (X) Delete  
Name: SAVIA, JOANNE M  
Address: 45 MASSAPEQUA AVE  
City-St-Zip: MASSAPEQUA, NY 11758

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SAVIA, PAUL  
Address: 3812 SUNSET COVE DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: STD (X) Change ( ) Addition  
Name: SAVIA, DONNA M  
Address: 3812 SUNSET COVE DR.  
City-St-Zip: PORT ORANGE, FL 32129

Title: VP (X) Change ( ) Addition  
Name: SAVIA, JOANNE M  
Address: 45 MASSAPEQUA AVE  
City-St-Zip: MASSAPEQUA, NY 11758

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: PAUL SAVIA

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date