## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000023825

Entity Name: SUB SEA SERVICES, INC.

FILED Mar 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2323 ORANGE PICKER RD JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

2323 ORANGE PICKER RD JACKSONVILLE, FL 32223

FEI Number: 54-1491012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAGAN, LINDA E
2323 ORANGE PICKER RD
JACKSONVILLE, FL 32223 US
HAGAN, LINDA E
2323 ORANGE PICKER RD
JACKSONVILLE, FL 32223 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: LINDA E HAGAN 03/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete Title: OD (X) Change ( ) Addition

Name: KOVACS, GABRIEL Name: HAGAN, DAVID C

 Address:
 4540 4TTH AVE
 Address:
 2323 ORANGE PICKER RD

 City-St-Zip:
 SAINT AUGUSTINE, FL 32095
 City-St-Zip:
 JACKSONVILLE, FL 32223

Title: DVT (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KOVACS, GAY C
 Name:

 Address:
 4540 4TH AVE
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32095
 City-St-Zip:

Title: OD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HAGAN, DAVID C
 Name:

 Address:
 2323 ORANGE PICKER RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID C HAGAN OD 03/23/2007