

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000110648		
1. Entity Name STROUD - MESCO DIVING & HYDROGRAPHY, INC		
Principal Place of Business 5030 OLD KINGS RD. NW JACKSONVILLE, FL 32284-1184		Mailing Address 5030 OLD KINGS RD. NW JACKSONVILLE, FL 32284-1184
DO NOT WRITE IN THIS SPACE		
		 D1032006 No Chg-P CR2E034 (11/05)
		4. FEI Number 54-1241610 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HUX, WILLIAM F 5030 OLD KINGS RD. NW JACKSONVILLE, FL 32284-1184		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS HUX, AGRIFINA H 14410 POND PLACE DRIVE JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ESTES, ROBERT E 5259 PERCHERON COURT JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V HUX, WILL F 14410 POND PLACE DRIVE JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/28/06 904 355-1777 <small>Daytime Phone #</small>