

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F47103

Entity Name
NO FINER POOLS OF SEMINOLE COUNTY, INC.



Principal Place of Business
**C/O DANIEL C. SHEA
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**C/O DANIEL C. SHEA
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714**

FILED
Apr 06, 2006 08:00 AM
Secretary of State



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2191324** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHEA, DANIEL C.
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
IN THIS SPACE**

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SHEA, DAVID D 191 POINCIANA LANE ENTERPRISE, FL 32789380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEA, ELIZABETH 102 CAMPHORTREE LANE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHEA, DANIEL C 102 CAMPHOR TREE LA ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000493960
04/20/06-80026-025 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH SHEA
Elizabeth Shea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-06 **407-862-6526**
Date Daytime Phone #