


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
2006 AR

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J50213

1. Corporation Name
Quality Pools Construction Contracting,
Inc.

FILED
06 JAN -6 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address 205 North Ohio Ave Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 128 Suite, Apt. #, etc.	
City & State Live Oak, FL		City & State Live Oak, FL	
Zip 32064	Country Swansee	Zip 32064	Country Swansee

2006 ANNUAL REPORT

4. Date Incorporated or Qualified To Do Business in Florida December 29, 1986

5. FEI Number 59-2742734 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Tim D. White

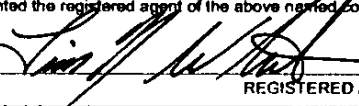
Street Address (P.O. Box Number is Not Acceptable)
16973 90th Terr.

Suite, Apt. #, Etc.

City
Live Oak

State FL **Zip Code** 32060

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN**

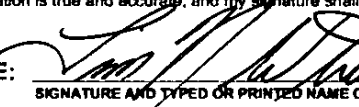
Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Tim D. White	16973 90th Terr	Live Oak, FL 32060
S/T	Tanya White	19709 CR 136	Live Oak, FL 32060

400063009624
01/26/06--01054--012 **750.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 12/28/05 **Daytime Phone #**