2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2005 8:00 am
Secretary of State
08-16-2005 90041 041 ***550.00

DOCUMENT # P03000005134

1. Entity Name

SERENITY POOLS & SPAS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
994 WILLOWBROOK COURT WINTER HAVEN FL 33884 US	994 WILLOWBROOK COURT WINTER HAVEN FL 33884 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Home 2103 Edgewater Cir.	2103 Edgewater Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven	City & State
Zip: 33880 Country: USA	Zip Country

4. FEI Number 59-4097745 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIBERATORE, ROBERT 994 WILLOWBROOK COURT WINTER HAVEN FL 33884	Name: Robert Liberatore Street Address (P.O. Box Number is Not Acceptable): 2103 Edgewater Circle City: Winter Haven FL Zip Code: 33880

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 [signature] 8/1/05
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIBERATORE, ROBERT 994 WILLOWBROOK COURT WINTER HAVEN FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2103 Edgewater Circle Winter Haven, FL 33880	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 8/1/05 863 412 6605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #