

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025611

Entity Name: HASKINS POOL & SPA, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1227 3RD STREET
SUITE 2-B
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4568
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 26-0061087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASKINS, RICHARD
2627 SEIDENBERG AVE.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MEYERS, MARY BETH
3201 FLAGLER AVE
506
KEY WEST, FL 33040 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: MARY BETH MEYERS

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HASKINS, RICHARD
Address: 1227 3RD STREET APT 2-B
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: KIES, MICHAEL
Address: 1227 3RD STREET APT 2-B
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RICHARD HASKINS

D

04/24/2006

Electronic Signature of Signing Officer or Director

Date