


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000014682
 1. Entity Name
B&B SWIMMING POOL SPECIALIST, INC.



Principal Place of Business 9263 STARKEY RD., LARGO, FL 33777	Mailing Address 9263 STARKEY RD., LARGO, FL 33777
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01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0649494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN P. DUNNE, P.A.
 10833 70TH AVE. N.
 SEMINOLE, FL 33772

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P WILSON, DONALD F 9263 STARKEY RD., LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, CAROLINA 9263 STARKEY RD., LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA WILSON, CAROLINA 9263 STARKEY RD., LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WILSON, ROBERT A 6690 10TH AVE TERR., APT. # 1 SOUTH PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/25/07-80030-021 150.00

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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:  **Donald F. Wilson** 1/22/07 727-399-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #