

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90065 034 ***158.75

DOCUMENT # P04000172056					
1. Entity Name THE POOL PEOPLE EAST, INC.					
Principal Place of Business 2150 SW 10TH STREET DEERFIELD BEACH, FL 33442 US			Mailing Address 2150 SW 10TH STREET DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2451171	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEAD, EDWARD C 2150 SW 10TH STREET DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 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, 2006 Fee will be \$550.00		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	CEOD MEAD, EDWARD C 2150 SW 10TH STREET DEERFIELD BEACH, FL 33442	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWE, DANIEL M 2150 SW 10TH STREET DEERFIELD BEACH, FL 33442	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSOV BARRETT, WALTER B 2150 SW 10TH STREET DEERFIELD BEACH, FL 33442	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOWE, DAVID W 2150 SW 10TH STREET DEERFIELD BEACH, FL 33442	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FACTOR, MICHAEL 2150 SW 10TH STREET DEERFIELD BEACH, FL 33442	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <i>Walter Barrett</i> Walter Barrett 03/03/06 (954) 428-3300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					