## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 02, 2006 08:00 AN DOCUMENT # P04000105432 1. Entity Name **Secretary of State** KRIS' POOLS, INC. Principal Place of Business Mailing Address 8861 69TH ST. N. 8861 69TH ST. N. PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 83-0401361 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEARNY, KRIS J Street Address (P.O. Box Number is Not Acceptable) 8861 69TH ST. N. PINELLAS PARK FL 33782 City Zio 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 types or printed name of redista (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILL ☐ Delete TITLE ☐ Change Addition NAME KEARNY, KRIS J NAME HBDD003454075 STREET ADDRESS 8861 69TH ST. N. STREET ADDRESS 03/14/66-80047-014-150.00 CHY-ST-ZIP PINELLAS PARK FL 33782 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS City-St-269 CHY-ST-ZIP FIRE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP HILE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

TURE AND TYPED OR PRINTED NAME OF SIGN