

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155566

Entity Name: BILL THOMAS POOLS, INC

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

PO BOX 1725  
HOMOSASSA SPRINGS, FL 34447

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1725  
HOMOSASSA SPRINGS, FL 34447

**New Mailing Address:**

FEI Number: 54-2189194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, WILLIAM T  
6648 S MASON CREEK RD  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: THOMAS, WILLIAM T  
Address: PO BOX 1725  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WILLIAM T THOMAS

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date