

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90297 008 ***150.00

DOCUMENT # 484682

1. Entity Name
MERMAID POOLS, INC.



Principal Place of Business
10500 SPRING HILL DR
SPRING HILL, FL 34608 US

Mailing Address
10500 SPRING HILL DR
SPRING HILL, FL 34608 US

40087869



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3593541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVAY, ROBERT
2525 CARPENTER
PORT SAINT LUCIE, FL 34984

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**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

TITLE PD
NAME LAVAY ROBERT
STREET ADDRESS 2525 CARPENTER
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984

TITLE VPD
NAME LAVAY, HEATHER
STREET ADDRESS 6112 RALEIGH ST #1505
CITY-ST-ZIP ORLANDO, FL 32835

TITLE SD
NAME UNDERWOOD, PATRICIA
STREET ADDRESS 1032 S MILDRED AVE
CITY-ST-ZIP BROOKSVILLE, FL

TITLE TD
NAME MARTIN, DENNIS
STREET ADDRESS 5579 FILLAR AVE
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: B. E. COOPER B. E. COOPER E-A. 4/27/06 727-868-9521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #