

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # 487693

1. Entity Name
FLORIDA POOL SUPPLY, INC.



Principal Place of Business
**264 WEST DR
MELBOURN, FL 32904 US**

Mailing Address
**264 W DRIVE
MELBOURN, FL 32904 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1624581

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRSCHENBAUM, MALCOLM
66 NORTH ATLANTIC AVENUE
SUITE 11
COCOA BEACH, FL**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	METCALF, ROGER A
STREET ADDRESS	264 WEST DR
CITY - ST - ZIP	MELBOURNE, FL
TITLE	PD
NAME	METCALF, SCOTT A.
STREET ADDRESS	264 WEST DR
CITY - ST - ZIP	MELBOURNE, FL
TITLE	VD
NAME	SPILLERS, MICHAEL W.
STREET ADDRESS	264 WEST DR
CITY - ST - ZIP	MELBOURNE, FL
TITLE	STD
NAME	SHORT, BARBARA A.
STREET ADDRESS	264 WEST DR
CITY - ST - ZIP	MELBOURNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000276262
03/25/05-90035-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott A. Metcalf
Scott A. metcalf

3/23/05
Date

321-723-2500
Daytime Phone #