


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000428780 02/21/06-80061-011 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD METCALF, ROGER A 264 WEST DR MELBOURNE, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD METCALF, SCOTT A. 264 WEST DR MELBOURNE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SPILLERS, MICHAEL W. 264 WEST DR MELBOURNE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHORT, BARBARA A. 264 WEST DR MELBOURNE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Scott Metcalf</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/7/06</u> Daytime Phone # <u>321-723-2580</u>



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1624581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	