


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 549329 1. Entity Name ST. PETE POOL SUPPLY, INC.	
--	---

Principal Place of Business 870 32ND AVE N. ST. PETERSBURG, FL 33704	Mailing Address 870 32ND AVE N. ST. PETERSBURG, FL 33704
--	--



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1820398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOFF, PHYLLIS 870 32 AVE N. ST PETERSBURG, FL 33704
--

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 *Phyllis Goff* DATE 4/9/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOFF, PHYLLIS 870 32 AVE N ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOFF, RICHARD D 870 32 AVE N ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOFF, SCOTT 519 27TH AVE N ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOFF, KEVIN S 134 BRIGHTWATERS BLVD. NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000312849 04/18/05-80100-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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 *Phyllis Goff* DATE 4/11/05 727-823-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR