

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
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



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1820398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000300011

04/30/08-80021-007 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 GOFF, PHYLLIS
STREET ADDRESS 870 32 AVE N
CITY-ST-ZIP ST PETERSBURG, FL 33704,

TITLE ST
NAME GOFF, RICHARD D
STREET ADDRESS 870 32 AVE N
CITY-ST-ZIP ST PETERSBURG, FL 33704,

TITLE V
NAME GOFF, SCOTT
STREET ADDRESS 3809 20TH AVE N
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE V
NAME GOFF, KEVIN S
STREET ADDRESS 134 BRIGHTWATERS BLVD. NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/08

Date

727-823-5144

Daytime Phone #