

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588477

FILED
Jul 06, 2006
Secretary of State

Entity Name: AQUAPOOL OF JACKSONVILLE, INC.

Current Principal Place of Business:

2251 URBAN ROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

2251 URBAN ROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-1851032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, WILLIAM C.
4614 ARLON LANE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ANDREWS, WILLIAM C.,
Address: 4614 ARLON LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: BUSH, DANIEL
Address: 3766 CEDARCEST DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: ANDREWS, WILLIAM C JR
Address: 4331 SAN JUAN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: V () Delete
Name: MORTON, GEORGE
Address: 2226 MANGROVE LN
City-St-Zip: GREEN COVE SPRINGS, FL 32042

Title: V () Delete
Name: WEAVER, PATRICK
Address: 1622 6TH AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. ANDREWS

WCA

07/06/2006

Electronic Signature of Signing Officer or Director

Date