2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State			
	MENT # 667037			{	Secreta	1 y 01 c	, cace
1. Entity Nan	MA POOL CORPORATION			1			
BEO-AG	on our don onnion						
Principal Plac	ce of Business M	lailing Address		}			
1843 BARB		1843 BARBER ROAD		}			
SARASOTA,	FL 34240 US 5	SARASOTA, FL 34240 US					
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1				04132006	No Chg-P	CR2E034	(11/05)
	OO NOT WRITE II	CE	4. FEI Numb			Applied For	
				59-163			Not Applicable
				5. Certificate	of Status Desired		.75 Additional Required
	6. Name and Address of Current Regis	stered Agent		l .			
KOZAK, A	NTON			D O	NOT		÷
227 WOO	DS POINT RD.		טט	NOT W	KIIE		
OSPREY,	FL 34229		IN .	THIS SF	ACE		
				•••			· · -
f The above	a named entity submits this statement for the p	ournoss of chancing its register	ad affice or register	ad agent of be	the in the State of St	ulda laufau	Manually and same
the obligation	tions of registered agent.	and the second of the second o	sa annea ar teâlisiai	ed agent, or od	in, in the State of Th	moa. Famiam	mar with, and accept
SIGNATURE.							
	Signature: typed or printed name of registered egent and title	d applicable (NOTE: Registers	d Agent signature required	when reinstating)		CATE	
FILE NOWILL FEE IS \$150.00 9. Election Campaign Finar				00 May Be			
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	☐ Add	ed to Fees			
10.	OFFICERS AND DIRE	CTORS	!				
TITLE NAME	PVP KOZAK, ANTON						-
STREET ADDRESS	227 WOODS POINT RD.		}		Limene	:00E4:000	. 4
CITY-ST-ZIP	OSPREY, FL 34229		ł		0000 0479976	10051233 100091233	1 -018 150.0
TITLE	TS	-	1		0445-044	io doddi	. 010 130.0
NAME	KOZAK, INGRID D	*					
STREET ADDRESS	227 WOODS POINT RD.		ł			• •	
CITY-SI-ZIP	OSPREY, FL 34229		{			•	
TITLE NAME	}		}				
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CITY-ST-ZIP			l	DO	NOT W	RITE	
TITLE			1	INI "	THIS SF		
NAME				114		YÖE	
STREET ADDRESS			į				
CITY-ST-ZIP			1				
TITLE NAME			l				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addings, with all pitter like empowered.

SIGNATURE: _

STREET ADDRESS CHTY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STAND OFFICER OR DIRECTOR

1/15/06 941-371-4808