

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25467

FILED
Apr 24, 2005
Secretary of State

Entity Name: HOUSE OF HOT TUBS, INC.

Current Principal Place of Business:

5416 WEST LINEBAUGH
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5416 WEST LINEBAUGH
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-2072548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEGROVE, JACQUELYNE F.
18802 CRESCENT RD
ODESSA, FL 33556 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLEGROVE, JACQUELYN, E F.
Address: 18802 CRESCENT RD
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: COLEGROVE, LESLIE H.,
Address: 18802 CRESCENT RD
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: COLEGROVE, BRYAN A.
Address: 3416 TOWNHOUSE CT.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLEGROVE, JACQUELYNE F PRESIDE
Address: 18802 CRESCENT RD
City-St-Zip: ODESSA, FL 33556

Title: V (X) Change () Addition
Name: COLEGOVE, LESLIE H VP
Address: 18802 CRESCENT RD
City-St-Zip: ODESSA, FL 33556

Title: V (X) Change () Addition
Name: COLEGROVE, BRYAN A VP
Address: 1104 LEISURE AVE.
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACQUELYNE F. COLEGROVE

PRES

04/24/2005

Electronic Signature of Signing Officer or Director

_____ Date