

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25467

FILED  
Apr 30, 2008  
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:**

17112 LAKESHORE ROAD, SUITE A  
LUTZ, FL 33558

**Current Mailing Address:**

5416 WEST LINEBAUGH  
TAMPA, FL 33624

**New Mailing Address:**

17112 LAKESHORE ROAD, SUITE A  
LUTZ, FL 33558

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.  
15907 RACE TRACK 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, JACQUELYNE F PRESIDE  
Address: 15907 RACE TRACK RD  
City-St-Zip: ODESSA, FL 33556

Title: V ( ) Delete  
Name: COLEGOVE, LESLIE H VP  
Address: 15907 RACE TRACK RD  
City-St-Zip: ODESSA, FL 33556

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

**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:

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELYNE COLEGROVE

P

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date