2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F68036

1. Entity Name

ROYAL POOLS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
ROYAL POOLS 1056 CRYSTAL BOWL CIRCLE CASSELBERRY FL 32707 US	ROYAL POOLS 1056 CRYSTAL BOWL CIRCLE CASSELBERRY FL 32707 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 14-5322688 ☐ Applied F[illegible] ☐ Not Applic[illegible]

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLVERINO, JOSEPH R
1056 CRYSTAL BOWL CIR
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O Box Number is Not Acceptable)

City FL Zip Code

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 acc[illegible] 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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to F[illegible]

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1[illegible]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP POLVERINO, JOSEPH R 1056 CRYSTAL BOWL CIR CASSELBERRY, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A[illegible] U00000493817 04/20/06-80022-002 150.[illegible]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POLVERINO, JOSEPH R 1056 CRYSTAL BOWL CIR CASSELBERRY, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A[illegible]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A[illegible]
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A[illegible]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform[illegible] 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 dire[illegible] 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 [illegible] if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Joseph R Polverino Joe Polverino 4-7-06 407-695-73[illegible]