

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT.# G27655 1. Entity Name BRITANNIA POOLS, INC.	
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Principal Place of Business 1612 EAST 99TH AVENUE TAMPA, FL 33612	Mailing Address 1612 EAST 99TH AVENUE TAMPA, FL 33612
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08302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2590043	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNT, GRAHAM D
1612 EAST 99TH AVENUE
TAMPA, FL 33612

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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 accept 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 \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000575870 09/01/06-80004-012 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNT, GRAHAM D 1612 E 99TH AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'NEILL, KEVIN 8906 B N HAMNER AVE TAMPA, FL 33606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G D Hunt GRAHAM D. HUNT 8/29/06 813 932-0162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #