

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67037

FILED
Apr 19, 2006
Secretary of State

Entity Name: CAPITAL CITY POOL & SPA, INC.

Current Principal Place of Business:

515 SHORT ST
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3847
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-2552232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILGORE, JOHN LEWIS
515 SHORT STREET
TALLAHASSEE, FL 32308 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: PD () Delete
Name: KILGORE, JOHN LEWIS,
Address: 515 SHORT ST.
City-St-Zip: TALLAHASSEE, FL

Title: STD () Delete
Name: KILGORE, KIMBERLEY K, .
Address: 515 SHORT ST.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN LEWIS KILGORE

PD

04/19/2006

Electronic Signature of Signing Officer or Director

_____ Date