

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # J89853 1. Entity Name GOLD MEDAL POOL SERVICE OF PINELLAS COUNTY, INC.	
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Principal Place of Business 2113 SEAGULL DR CLEARWATER, FL 33764 US	Mailing Address 2113 SEAGULL DR CLEARWATER, FL 33764 US
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DO NOT WRITE IN THIS SPACE



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2845612	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENSLEY, DIANA 2113 SEAGULL DR CLEARWATER, FL 33764	DO NOT WRITE IN THIS SPACE
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000753966 05/24/07-80063-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENSLEY, ROGER 2113 SEAGULL DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENSLEY, REGAN 6881 NICOLE LN LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENSLEY, DIANA 2113 SEAGULL DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u><i>Diana Hensley</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-28-07 Date	727-535-5875 Daytime Phone #
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