2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
03-27-2006 90239 017 ***100.00
04-10-2006 90290 004 ****50.00

DOCUMENT # K49232

1. Entity Name
PROGRESSIVE POOL PRODUCTS & SERVICES, INC.

60025768

03012006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
% SHELDON HOFFMAN 14727 N. DALE MABRY TAMPA, FL 33618	% SHELDON HOFFMAN 14727 N. DALE MABRY TAMPA, FL 33618

2. Principal Place of Business	3. Mailing Address
109 DUNBAR AVE	109 DUNBAR AVE
Suite, Apt. #, etc.: UNIT D	Suite, Apt. #, etc.: UNIT D
City & State: OLDSMAR, FL	City & State: OLDSMAR, FL
Zip: 34677 Country:	Zip: 34677 Country:

4. FEI Number: 59-2923003 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERT COHEN 2918 BUSCH LAKE BLVD TAMPA, FL 33614	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 accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOFFMAN, NANCY ~~14727 N. DALE MABRY~~ ~~TAMPA, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 109 DUNBAR AVE OLDSMAR FL 34677
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD HOFFMAN, CHAD ~~14727 N. DALE MABRY~~ ~~TAMPA, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 109 DUNBAR AVE OLDSMAR FL 34677
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOFFMAN, IRA ~~14727 N. DALE MABRY~~ TAMPA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 109 DUNBAR AVE OLDSMAR FL 34677
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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: [signature] Nancy Hoffman 3/23/06 813-925-0438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #