2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90001 046 ***150.00

DOCUMENT # K58059

1. Entity Name
M & M POOLS, INC.

Principal Place of Business	Mailing Address
195 DESOTO PKWY SATELLITE BEACH, FL 32937 US	195 DESOTO PKWY SATELLITE BCH, FL 32937 US

01052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
345 PARK AVE	P.O. BOX 372201
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SATELLITE BEACH FL	City & State: SATELLITE BEACH FL
Zip: 32937-3018 Country: BREVARD	Zip: 32937-0201 Country: BREVARD

4. FEI Number 59-2928015 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONTANARO, DOMINICK P.
195 DESOTO PKWY.
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name: DOMINICK MONTANARO
Street Address (P.O. Box Number is Not Acceptable): 345 PARK AVE
City: SATELLITE BEACH FL Zip Code: 32937-3018

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] DATE: 2/9/06
(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	P MONTANARO, DOMINICK P. 195 DESOTO PKWY SATELLITE BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTANARO, S. RENEE 195 DESOTO PKWY SATELLITE BEACH, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 2/9/06 321-777-4847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #