## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # K62415

1. Entity Name
BIMINI ISLES POOLS & SPAS, INC.



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

% HARRY L. DERR 10810 TEEGREEN RD TAMPA, FL 33612 Mailing Address

% HARRY L. DERR 10810 TEEGREEN RD TAMPA, FL 33612



## DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2930077

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DERR, HARRY L. 10810 TEEGREEN RD TAMPA, FL 33612

## DO NOT WRITE IN THIS SPACE

the obligat	itions of registered agent.	ourpose of changing its register	red office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registereo agent and title	if applicable. (NOTE: Registers	ed Agent signature required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	Election Campaign Final     Trust Fund Contribution.		
10.	OFFICERS AND DIREC	CTORS	J	51 . 1 . 2 . 3 . 4 . 3 . 4 . 3 . 3 . 3 . 3 . 3 . 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS DERR, HARRY L. 10810 TEEGREEN RD TAMPA, FL			4. U00000940704
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				05728708-80076-024 150:00 IJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. Thereby 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 this to 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 an other like empowered.

**SIGNATURE:** 

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

40.664

Daytime Phone #