


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90049 010 \*\*\*150.00

<b>DOCUMENT # K63523</b>	
1. Entity Name <b>HAMMERHEAD POOLS INC.</b>	

Principal Place of Business <b>611 89TH ST., NW BRADENTON, FL 34209</b>	Mailing Address <b>611 89TH ST., NW BRADENTON, FL 34209</b>
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2. Principal Place of Business - No P.O. Box # <b>1137 Palma Sola Blvd</b>	3. Mailing Address <b>1137 Palma Sola Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Bradenton, FL</b>	City & State <b>Bradenton, FL</b>
Zip <b>34209</b>	Zip <b>34209</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>



03202007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0094769</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>HELGESON, JEFF 1137 PALMA SOLA BLVD BRADENTON, FL 34209</b>		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HELGESON, JEFF 1137 PALMA SOLA BLVD BRADENTON, FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeff Helgeson**

**3/21/07**

Date

**(941) 792-5482**

Daytime Phone #