

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L49450

1. Entity Name
TOM'S SUNDANCE POOL SERVICES, INC.



Principal Place of Business
**C/O THOMAS D. SWEEZEY
4449 QUEENSWAY DRIVE
JACKSONVILLE, FL 32257**

Mailing Address
**C/O THOMAS D. SWEEZEY
4449 QUEENSWAY DRIVE
JACKSONVILLE, FL 32257**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2992916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWEEZEY, THOMAS D.
4449 QUEENSWAY DRIVE
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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

U000000597011
01/24/07-80019-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SWEEZEY, THOMAS D.
STREET ADDRESS	4449 QUEENSWAY DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	SWEEZEY, THOMAS D.
STREET ADDRESS	4449 QUEENSWAY DRIVE
CITY-ST-ZIP	JACKSONVILLE, 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:

THOMAS D. SWEEZEY

PRESIDENT

1-12-07 (904) 262-0794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #