2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000007621

1. Entity Name

HERMAN HEATH POOL FINISHER, INC.



Principal Place of Business

233 NW 8TH CT.

POMPANO BEACH, FL 33060

Mailing Address

233 NW 8TH CT.

POMPANO BEACH, FL 33060

FILED Apr 04, 2006 8:00 am Secretary of State

04-04-2006 90143 001 ***160.00

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DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CF

CR2E034 (11/05)

4. FEI Number 59-2618086

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, SABRINA G 5740 NW 54TH LANE TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its re	gistered off	ice or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: F	legistered Agent	t signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			- · · · · -		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEATH, HERMAN 233 NW 8TH COURT POMPANO BEACH, FL 33060						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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:

TIFLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2006

Daytime Phone #