2006 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Mar 17, 2006 8:00 am **Secretary of State**

03-17-2006 90119 005 ***150.00

DOCUMENT # P00000035389 1. Entity Name BLUE HAVEN POOLS OF FLORIDA EAST COAST, INC. Principal Place of Business Mailing Address 7478-A S W 60TH AVE 7478-A S W 60TH AVE OCALA, FL 34476 OCALA, FL 34476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 94-3359270 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOPER, GARY'S., 7478-A S W 60TH AVE OCALA, FL 34476 City Zip Code FL 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 reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change Addition Pres./Sec./Treas./Dir. ZABERER, RONALD A NAME NAME

Gary Cooper 7478-A SW 60th Avenue STREET ADDRESS 636 BROADWAY STE, 310 STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 92101 CITY-ST-ZIP Ocala, FL 34476 Delete TITLE TITLE Change Addition VP WATERS, CHRIS NAME NAME Patricia Ann Cooper STREET ADDRESS 636 BROADWAY STE, 310 STREET ADDRESS 7478-A SW 60th Avenue CITY-ST-7IP **SAN DIEGO, CA 92101** CITY-ST-7IP Ocala, FL 34476 TITLE Delete TITLE ☐ Change (1) Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

applied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information had seport 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 dotse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if a adversa, and all other like empowered. I hereby certify that the information indicated on this report or supplem of the corporation or the changed, or on an atta

SIGNATURE:

Gary COoper, President