


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000070757 1. Entity Name FLORIDA HOT TUB SERVICE, INC.		
Principal Place of Business 5100 N. FEDERAL HWY, SUITE 409 FORT LAUDERDALE, FL 33308	Mailing Address 5100 N. FEDERAL HWY, SUITE 409 FORT LAUDERDALE, FL 33308	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEGEL, LARRY CPA 800 W. CYPRESS CREEK RD., STE 470 FORT LAUDERDALE, FL 33309		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST IBA, FRED 800 W. CYPRESS CREEK RD., STE 470 FORT LAUDERDALE, FL 33309	
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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 or without other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1023188

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

U00000559705
05/18/06-80010-006 150.00

**DO NOT WRITE
IN THIS SPACE**

5.1.06