## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000006600

Address:

City-St-Zip:

930 SE 8TH TERRACE

CAPE CORAL, FL 33990

Entity Name: CRAIG'S POOL & SPA CENTER INC

FILED Apr 16, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	"H TERRACE RAL, FL 3399	0			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	H TERRACE RAL, FL 3399	0			
FEI Number	: 65-0007721	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CAPE CO	H TERRACE RAL, FL 3399 a named entity		ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.				
SIGNATU		nic Signature of Registered Age	ent	 Date	
Election Car		g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( STEVENS, CRA 930 SE 8TH TE CAPE CORAL,	RRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( STEVENS, ALA 930 SE 8TH TE CAPE CORAL,	RRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ( STEVENS, CYI	) Delete NTHIA	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CRAIG STEVENS D 04/16/2007