

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086853

FILED
Jan 18, 2007
Secretary of State

Entity Name: MERMAID POOLS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2040 HILLSIDE DR.
MOUNT DORA, FL 327572713

New Principal Place of Business:

1515 OLD EUSTIS ROAD
MOUNT DORA, FL 32757

Current Mailing Address:

2040 HILLSIDE DR.
MOUNT DORA, FL 327572713

New Mailing Address:

1515 OLD EUSTIS ROAD
MOUNT DORA, FL 32757

FEI Number: 59-3744237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELLE'S PA SERVICES, INC
749 MAYA SUSAN LOOP
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SLABY, MARIA J
Address: 2040 HILLSIDE DR.
City-St-Zip: MOUNT DORA, FL 327572713

Title: D () Delete
Name: SLABY, MARK L
Address: 2040 HILLSIDE DR.
City-St-Zip: MOUNT DORA, FL 327572713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARK L SLABY

D

01/18/2007

Electronic Signature of Signing Officer or Director

Date