## **2006 FOR PROFIT CORPORATION**

changed, or on an attachment with an address

SIGNATURE:

with all other like empowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

## Mar 16, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P01000118389** 03-16-2006 90233 010 \*\*\*150.00 1. Entity Name SOUTH TAMPA POOL SERVICE, INC. Mailing Address Principal Place of Business P 0 B0X 13791 1375 PLAZA COMERCIO N.E. ST. PETERSBURG, FL 33702 TAMPA, FL 33681 2. Principal Place of Business 3. Mailing Address 09/2 NO. 56uh street. Suite, Apt. #, etc. Suite, Apt. #, etc. 03062006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For Temple Terrace 59-3761378 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Hillsbourgh Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 3623 WEST KENNEDY BLVD. TAMPA, FL 33609 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 applica (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE NAME JOHNSON, KENNETH W NAME STREET ADDRESS 1375 PLAZA COMERCIO STREET ADDRESS N.E. ST. PETERSBURG, FL 33702 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITLE 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 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED