

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000005563

1. Entity Name
BILL'S POOL STORE/SERVICE, INC.



Principal Place of Business

3910 W. VASCONIA
TAMPA, FL 33629

Mailing Address

P.O. BOX 10675
TAMPA, FL 33679-0675



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3595959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCKENZIE, WILLIAM P
3316 (B) SOUTH DALE MABRY HWY
TAMPA, FL 33629

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCKENZIE, WILLIAM
STREET ADDRESS 3910 W. VASCONIA
CITY-ST-ZIP TAMPA, FL 33629

TITLE D
NAME MCKENZIE, ROBERT C
STREET ADDRESS 824 HAMILTON RD
CITY-ST-ZIP BLOUNTVILLE, TN 37617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

U000000216880
02/07/05-80002-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: *William P. McKenzie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05
Date

966-2927
Daytime Phone