

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P02000029671

1. Entity Name

TROPICAL RETREAT POOLS AND SPAS, INC.



04-20-2006 90204 024 \*\*\*150.00

Principal Place of Business

12326 DUNWOODY DR  
JACKSONVILLE FL 32225

Mailing Address

12326 DUNWOODY DR  
JACKSONVILLE FL 32225

2. Principal Place of Business

12366 V.C. Johnson Rd  
Suite, Apt. #, etc.

3. Mailing Address

SAME

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32218

Country

USA

Zip

Country

4. FEI Number

30-0074767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WANSER, WILLIAM J  
12326 DUNWOODY DR  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Wanser, William J.

Street Address (P.O. Box Number is Not Acceptable)

12366 V.C. Johnson Rd

Jacksonville FL

City

FL

Zip Code

32218

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

William J. Wanser

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

(NOTE: Registered Agent signature required when reinstating)

3/25/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WANSER, WILLIAM J  
STREET ADDRESS 12326 DUNWOODY DR  
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME Wanser, William J.  
STREET ADDRESS 12366 V.C. Johnson Rd  
CITY-ST-ZIP Jacksonville FL 32218

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

William J. Wanser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/06

Date

909 6355317

Daytime Phone #