


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000050513
 1. Entity Name
BEST OLE SWIMMIN HOLE (POOLS), INC.



Principal Place of Business Mailing Address
6954 CORONET DR. **6954 CORONET DR.**
NEW PORT RICHEY, FL 34655 **NEW PORT RICHEY, FL 34655**

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 27-0019037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZUPANSIC, MICHAEL C
3032 KAREN AVE SW
LARGO, FL 33774

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ZUPERIL, MICHAEL E
STREET ADDRESS	3032 KAREN AVE SW
CITY-ST-ZIP	LARGO, FL 33774
TITLE	P
NAME	ZYDANRIC, MICHAEL C
STREET ADDRESS	6954 CORONET DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000375574
 118/04/05-80002-018 558.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael C. Zupansic (Pres) Michael C. Zydanric (Sec)* **7/30/05** **727 436-5098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #