## 2007 FOR PROFIT CORPORATION

## Apr 19, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000066446** 04-19-2007 90181 041 \*\*\*150 00 1. Entity Name BEACHSIDE POOL & SPA SUPPLY, INC. Principal Place of Business Mailing Address 400 1748 OCEAN SHORE BLVD. 1748 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 No Chg-P CR2E034 (11/05) 03282007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0711731 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HENRY, GARY T 1748 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 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. DATÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME HENRY, GARY T 1748 OCEAN SHORE BLVD. STREET ADDRESS ORMOND BEACH, FL 32176 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

JHK-G OFFICER OR DIRECTOR

IN THIS SPACE

**FILED** 

Daytime Phone #