

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90111 007 ***150.00

DOCUMENT # P02000103456	
1. Entity Name POOLHUT OF TAMPA BAY, INC.	

Principal Place of Business 1799 BARN OWL WAY PALM HARBOR, FL 34683	Mailing Address PO BOX 580 ODESSA, FL 33556
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50002770



2. Principal Place of Business 505 ST ANDREWS DR.	3. Mailing Address PO BOX 580
State, Apt. #, etc.	State, Apt. #, etc.

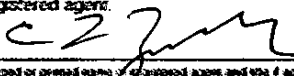
03072006 Chg-P CR2E034 (11/05)

City & State SARASOTA FL	City & State ODESSA FL
Zip 34243	Country USA
Zip 33556	Country USA

4. FEI Number 36-4508170	Applied For ☐ Not Applicable
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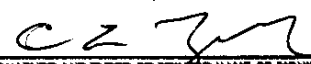
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent ZODROW, CHARLES F JR. 1799 BARN OWL WAY PALM HARBOR, FL 34683	
7. Name and Address of New Registered Agent Name: ZODROW, CHARLES F. JR. Street Address (P.O. Box Number is Not Acceptable): 505 ST. ANDREWS DR. City: SARASOTA FL Zip Code: 34243	

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: 	DATE: 3/8/06
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when submitting)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
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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 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 the empowered.	
SIGNATURE: 	DATE: 3/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	