2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90111 007 ***150.00

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03072006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000103456

1. Entity Name
POOLHUT OF TAMPA BAY, INC.

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

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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: CZ [signature] 3/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ZODROW, CHARLES F 1799 BARN OWL WAY PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ZODROW, CHARLES F 505 ST. ANDREWS DR. SARASOTA, FL 34243	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROATE, PATRICK 2312 FORREST CREST CIRCLE LUTZ, FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: CZ [signature] 3/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #