2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000116169 Secretary of State t. Entity Name SUN POOLS OF PINELLAS, INC. Principal Place of Business Mailing Address 9550 66TH ST N PINELLAS PARK FL 33782 9550 66TH ST N PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 13-4218021 Not Applicable Country Z_{ip} Country \$8.75 Additional Zφ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BROWNE, TERRY** Street Address (P.O. Box Number is Not Acceptable) 9550 66TH ST N PINELLAS PARK FL 33782 Zip Code City FL 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 obligation SIGNATURE ted traine of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change Addition 🔲 TITLE D,P □ Detete 7971.5 NAME BROWNE, TERRY MAME U00000457079 9550 66TH ST N STREET ADDRESS STREET ADDRESS 03/16/06-80054-022 150.00 CITY-ST-ZIP PINELLAS PARK FL 33782 CITY-ST-ZIT Change Addition Defete TITLE TITLE D. S NAME EVENER, ALBERT MAME STREET ADDRESS STREET ADDRESS 1934 ALGONQUIN CT CITY-ST-ZIP CITY-ST-ZTP CLEARWATER FL 33755 ☐ Change Addition ☐ Detate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-79 ☐ Detete TITLE ☐ Change Addition 🔲 SHE NAME NAME STREET ADDRESS STREET ADDINESS C)77-SI-272 CITY-ST-ZP Addition ☐ Change Delete 317) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Detete TITLE ☐ Change TT Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Mar 06, 2006 08:00 AM

12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 cath, 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.

127-548-5485

SIGNATURE: Officer of the exemptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report is true and exercise the information of the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.