2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015416

Name:

Address:

City-St-Zip:

ANDREWS, TODD A

TAMPA, FL 33635

10015 TRANQUILITY WAY

Entity Name: SUNSHINE POOL SERVICE OF TAMPA BAY, INC

FILED Jun 29, 2005 Secretary of State

Littly Nai	ille. SUNSITII	NE FOOL SERVICE OF TAIVIE	A DAT, INC.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
5409 N. NEBRASKA AVE TAMPA, FL 33604			18125 US HWY 41 N 101 LUTZ, FL 33549 US		
Current M	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
5409 N NEBRASKA AVE TAMPA, FL 33604			18125 US HWY 41 N 101 LUTZ, FL 33549	101	
FEI Number:	: 27-0045130	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of I	Name and Address of New Registered Agent:	
ANDREWS, SCOTT M 5409 N NEBRASKA AVE TAMPA, FL 33604 US			ANDREWS, SCOTT M 18125 US HWY 41 N 101 LUTZ, FL 33549 US		
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered of	office or registered agent, or both,	
SIGNATUR	RE:			06/29/2005	
	Electror	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () ANDREWS, CH 500 HOLLEY S BROCKPORT,	Т	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () ANDREWS, SO 13155 ROYAL ODESSA, FL 3	GEORGE ST	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	D ()) Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT M. ANDREWS PRES 06/29/2005