## 2006 FOR PROFIT CORPORATION

## Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT 04-24-2006 90438 016 \*\*\*150.00 DOCUMENT # P03000066784 BACK-TO-NEW POOLS INC. VIIIPAJOT Principal Place of Business Mailing Address 773 SCHUSTER RD SW 773 SCHUSTER RD SW PALM BAY, FL 32908 PALM BAY, FL 32908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0044759 Not Applicable Zio Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOMBRIANT, CHESTER Street Address (P.O. Box Number is Not Acceptable) 773 SCHUSTER RD SW PALM BAY, FL 32908 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when ministaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP TITLE TITLE ☐ Delete Addition Change BOMBRIANT, CHESTER IV STREET ACCORESS STREET ADDRESS 773 SCHUSTER RD. SW CITY-ST-ZIP PALM BAY, FL 32908 CITY-ST-ZIP DST TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOMBRIANT, KELLY NAME NAME 773 SCHUSTER RD. SW STREET ACCORSS STREET ADDRESS CTTY-ST-ZIP PALM BAY, FL 32908 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ACCORESS STREET ACCORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 a gaddress, with all other like empowered. changed, or on an attachme

THE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

tm₽ NAME

STREET ADDRESS

CITY-ST-ZIP

Chester Bombriant IV, Director RE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

02/13/06

321-749-4703

☐ Change

☐ Addition

Daytime Phone #

**FILED**