


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90021 046 \*\*\*150.00


<b>DOCUMENT # P03000092137</b>	
1. Entity Name <b>BILL'S POOL REPAIR, INC.</b>	

Principal Place of Business <del>5516 WINDING BROOK LANE</del> <del>VALRICO, FL 33594 US</del>	Mailing Address <b>P O BOX 15072</b> <b>TAMPA, FL 33684 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>5727 SEA TROUT PL.</b>	Suite, Apt. #, etc.
City & State <b>APOLLO BEACH, FL.</b>	City & State
Zip <b>33572</b>	Country <b>HILLS.</b>




03032007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-0169713</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
 <b>Mr. William H. Bates</b> <b>5727 Sea Trout Pl.</b> <b>Apollo Beach, FL 33572</b> <i>New Address</i>		

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 <i>William H. Bates</i>	DATE <b>3-3-07</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	 <b>Mr. William Bates</b> <b>5727 Sea Trout Pl.</b> <b>Apollo Beach, FL 33572-3349</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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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 an address, with all other like empowered.	
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SIGNATURE: <i>William H. Bates</i>	Date <b>3-3-07</b>	Daytime Phone # <b>813 205 8948</b>
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