

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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1. Entity Name
BLUE DIAMOND POOL DESIGNS, INC.



Principal Place of Business
**4975 E. IRLO BRONSON MEM HWY
SAINT CLOUD, FL 34771**

Mailing Address
**4975 E. IRLO BRONSON MEM HWY
UNIT 3
SAINT CLOUD, FL 34771**



02092008 No Chg-P CR2E034 (11/05)

4. FEI Number
27-0071681

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCOTT, CHRISTOPHER
4975 E. IRLO BRONSON MEM HWY
SAINT CLOUD, FL 34771**

**DO NOT WRITE
IN THIS SPACE**

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 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**

1100000463502
03/21/06-80079-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
SCOTT, CHRISTOPHER
4975 E IRLO BRONSON MEM HWY
SAINT CLOUD, FL 34771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
GIFFORD, SHELLY
4975 E. IRLO BRONSON MEM HWY
SAINT CLOUD, FL 34771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-10-06