2006 FOR PROFIT CORPORATION **FILED ANNUAL REPORT (AR)** Jan 23, 2006 08:00 AM UMENT # P03000123554 **Secretary of State** EMOOSE POOL & SPA, INC. M Pi Place of Business Mailing Address VISTERIA STREET MA CITY BCH FL 32417 P.O. BOX 18227 PANAMA CITY BCH FL 32417 50 P 2. al Place of Business 3. Mailing Address Suite, Apt. #, etc. . Apt. #, etc. tst MOORE CR2E034 (10/05) 4. FEI Number Applied For State City & State 02-0711224 Not Applicat Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOOSE, MICHEAL 306 WISTERIA STREET Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BCH FL 32413 Zip Code 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 acceptance of the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the control of the purpose of changing its registered of the control of the purpose of changing its registered of the control of the purpose of changing its registered of the control of the control of the purpose of changing its registered of the control of the contr 8. abligations of registered agent. SI Signature, typed or printed name of registered agent and lifte if applicable DAIL (NOTE: Registered Agent signature required when reinstaling) TELE NOW!!! FEE IS \$150.00 vier May 1, 2006 Fee Will Be \$550.00 \$5.00 May B. 9. Election Campaign Financing N heck Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15 OFFICERS AND DIRECTORS 11. Delete ☐ Change Articus. $\mathbf{T}^{\mathbf{p}}$ TITLE NAME U00000396236 W MOOSE, MIKE P.O. BOX 18227 STREET ADDRESS 01/30/06-80001-013 150.00 Sĩ Cŧ PANAMA CITY BCH FL 32413 CITY-ST-ZIP ☐ Change Autin n Delete TIKE NAME N STREET ADDRESS Sì CITY-ST-ZIP Ci ☐ Change ☐ Addition ☐ Detete TETLE Ni NAME 57 STREET ADDRESS Ci CITY-ST-ZIP Change 🔲 Addin Tì Delete TITLE NAME STITE IT ADDRESS CITY-ST-ZIP C Admit. Delete Change τı TITLE MAME N STREET ADDRESS S CATY-ST-ZIP ☐ Change III Adipsi 3) Delete HRE N NAME \$ STREET ADDRESS CITY-ST-ZIP C

nereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information dicated 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 direction for 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 1

Michael K Moose 1/21/24

040-866-3855

with all other like empowered.

hanged, or on an altachment with an addre

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