

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000150233	
1. Entity Name FLORIDA POOL SYSTEMS, INC	
Principal Place of Business 13657 ANDOVA DRIVE LARGO, FL 33774	Mailing Address 13657 ANDOVA DRIVE LARGO, FL 33774



DO NOT WRITE IN THIS SPACE

07292005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0477699	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

**STORAGE, DUANE J
13657 ANDOVA DRIVE
LARGO, FL 33774**

**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

U00000375491
08/03/05-80005-002 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STORAGE, DUANE J 13657 ANDOVA DRIVE LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SHARP STORAGE, JILL A 13657 ANDOVA DRIVE LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Jill A. Sharp Storage - V. Pres.* X 8/1/05 X (727) 595-8479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jill A. Sharp Storage