

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153800

FILED
Apr 12, 2008
Secretary of State

Entity Name: BAREFOOT POOLS OF TAMPA BAY INC.

Current Principal Place of Business:

7611 D EHRLICH RD
TAMPA, FL 33625

New Principal Place of Business:

12504 FOREST LANE DR
TAMPA, FL 33624

Current Mailing Address:

12504 FOREST LANE DRIVE
TAMPA, FL 336245707

New Mailing Address:

12504 FOREST LANE DR
TAMPA, FL 33624

FEI Number: 54-2137343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESSLER, PATRICIA K PST
12504 FOREST LANE DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DESSLER, PATRICIA K
Address: 12504 FOREST LANE DRIVE
City-St-Zip: TAMPA, FL 336245707

Title: VD () Delete
Name: DESSLER, PAUL T
Address: 12504 FOREST LANE DRIVE
City-St-Zip: TAMPA, FL 336245707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA K DESSLER

PST

04/12/2008

Electronic Signature of Signing Officer or Director

_____ Date