2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157390

1. Entity Name
POOL MENU, INC.

FILED
Sep 08, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2016 ELMWOOD AVENUE TAMPA, FL 33605	2016 ELMWOOD AVENUE TAMPA, FL 33605

DO NOT WRITE IN THIS SPACE

09042006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
80-0090536	Not Applicable

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

6. Name and Address of Current Registered Agent

PRIESTLEY, JOHN
2016 ELMWOOD AVENUE
TAMPA, FL 33605

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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 $550.00 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	PRIESTLEY, JOHN
STREET ADDRESS	2016 ELMWOOD AVENUE
CITY-ST-ZIP	TAMPA, FL 33605

TITLE	
NAME	
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CITY-ST-ZIP	

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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

SIGNATURE: _____   9-5-06   (813) 361-6872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #