2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2005 8:00 am Secretary of State

DOCUMENT # P0400014682 1. Entity Name B&B SWIMMING POOL SPECIALIST, INC.				02-01-2005 90025 048 ***150.00	
Principal Plac	on of Business	Mailing Address	·	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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9263 STARK Largo, Fl. 3		9263 STARKEY RD., Largo, Fl. 33777			
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2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt.	# etc	Suite, Apt. #, etc.		┥ .	
50.10, 7 ipt.	w, 5.5.	2010,7401, 87,010.		01262005 Chg-P CR2E034 (10/03)	
City & Stat	te .	City & State		4. FEI Number Applied For	
Ony G Stat		Only & State		20-0649494 Not Applicable	
Zip	Country	Zip	Country	, i.e., application	
Ζίμ	Country	Z.ip	Country	5. Certificate of Status Desired See Required Fee Required	
	C Name and Address of Current	Deviational Asset		<u>- </u>	
***	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
IOHN D.	DUNNE, P.A.		Ivalle	· -	
10833 70T			Street Address	Street Address (P.O. Box Number is Not Acceptable)	
	E. FL 33772				
OLIMITOLI	2,12 00.12				
			City	FL Zip Code	
8. The above	named entity submits this statement for	or the ourpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
	tions of registered agent.	, and perpendicularly and a	-9	- See agoing or 2011 with a state of the least of all the later of the least of the	
SIGNATURE.					
	Signature, hyped or printed name of registered agent	and use ir applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
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12. I bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 the empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

727-399-1330

Daytime Phone #