

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000014682

1. Entity Name
B&B SWIMMING POOL SPECIALIST, INC.



Principal Place of Business
**9263 STARKEY RD.,
LARGO, FL 33777**

Mailing Address
**9263 STARKEY RD.,
LARGO, FL 33777**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0649494

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHN P. DUNNE, P.A.
10833 70TH AVE. N.
SEMINOLE, FL 33772**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, DONALD F
STREET ADDRESS	9263 STARKEY RD.,
CITY-ST-ZIP	LARGO, FL 33777
TITLE	VP
NAME	WILSON, CAROLINA
STREET ADDRESS	9263 STARKEY RD.,
CITY-ST-ZIP	LARGO, FL 33777
TITLE	TREA
NAME	WILSON, CAROLINA
STREET ADDRESS	9263 STARKEY RD.,
CITY-ST-ZIP	LARGO, FL 33777
TITLE	SEC
NAME	WILSON, ROBERT A
STREET ADDRESS	6690 10TH AVE TERR., APT. # 1
CITY-ST-ZIP	SOUTH PASADENA, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80030-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald F. Wilson 1/22/07 727-399-1330

Date

Daytime Phone #