

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000014682

FILED
Feb 26, 2009
Secretary of State**Entity Name:** B&B SWIMMING POOL SPECIALIST, INC.**Current Principal Place of Business:**9263 STARKEY RD
LARGO, FL 33777**New Principal Place of Business:****Current Mailing Address:**9263 STARKEY RD.,
LARGO, FL 33777**New Mailing Address:**9263 STARKEY RD
LARGO, FL 33777**FEI Number:** 20-0649494**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHN P. DUNNE, P.A.
10833 70TH AVE. N.
SEMINOLE, FL 33772 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, DONALD F
Address: 9263 STARKEY RD.,
City-St-Zip: LARGO, FL 33777

Title: VP () Delete
Name: WILSON, CAROLINA
Address: 9263 STARKEY RD.,
City-St-Zip: LARGO, FL 33777

Title: TREA () Delete
Name: WILSON, CAROLINA
Address: 9263 STARKEY RD.,
City-St-Zip: LARGO, FL 33777

Title: SEC () Delete
Name: WILSON, ROBERT A
Address: 6690 10TH AVE TERR., APT. # 1
City-St-Zip: SOUTH PASADENA, FL 33707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SEC (X) Change () Addition
Name: WILSON, ROBERT A
Address: 9263 STARKEY RD.,
City-St-Zip: LARGO, FL 33777

Title: ASVP () Change (X) Addition
Name: MARR, ROBERT D
Address: 3624 ITHACA ST N
City-St-Zip: ST. PETERSBURG, FL 33713

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: DONALD F. WILSON

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date