

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90245 008 ***150.00

DOCUMENT # P04000020078

1. Entity Name

POOLS BY MICKY INC.



Principal Place of Business

**3991 LAUREN CT
DESTIN FL 32541**

Mailing Address

**3991 LAUREN CT
DESTIN FL 32541**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

55-0860490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name

MICHAEL P NEILL

Street Address (P.O. Box Number is Not Acceptable)

**POOLS BY MICKY INC
3991 LAUREN COURT**

City

DESTIN

FL

Zip Code

32541

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 of Michael P. Neill]

7 MAR 06

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**PSTD
NEILL, MICHAEL
3991 LAUREN CT
DESTIN FL 32541**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature of Michael P. Neill]

4 MARCH 06 950 259 3941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #