

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039782

Entity Name: SINK "R" SWIM, INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

POOL & SPA CENTER
1308 ST JOHNS BLUFF
JACKSONVILLE, FL 32225

New Principal Place of Business:

3148 CRISTO LANE
JACKSONVILLE, FL 32277

Current Mailing Address:

% C.A. SCHROEDER
1324 MAGNOLIA CIR EAST
JACKSONVILLE, FL 32211

New Mailing Address:

3148 CRISTO LANE
JACKSONVILLE, FL 32277

FEI Number: 45-0536240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, CYNTHIA A
1324 MAGNOLIA CIR EAST
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

SCHROEDER, ERIC
3148 CRISTO LANE
JACKSONVILLE, FL 32277 US

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: ERIC L. SCHROEDER

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHROEDER, ERIC LYLE
Address: 3148 CRISTO LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: SCHROEDER, GARY ALLEN
Address: 1324 MAGNOLIA CIR EAST
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete
Name: SCHROEDER, CYNTHIA A
Address: 1324 MAGNOLIA CIR EAST
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: SCHROEDER, LISA M
Address: 3148 CRISTO LANE
City-St-Zip: JACKSONVILLE, FL 32277

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA M. SCHROEDER

T

04/29/2006

Electronic Signature of Signing Officer or Director

Date