

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000068056

Entity Name: BUBBA'S POOLS AND SPAS, INC.

**FILED**  
**Jul 15, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

6937 WAIKIKI RD.  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6937 WAIKIKI RD.  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 20-0944180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, DEAN J  
6937 WAIKIKI RD.  
JACKSONVILLE, FL 32216 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: JOHNSON, OLIVER J  
Address: 121 BIG BUCK RD.  
City-St-Zip: SALT SPRINGS, FL 32134

Title: V ( ) Delete  
Name: JOHNSON, DEAN J  
Address: 6937 WAIKIKI RD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST (X) Delete  
Name: CONE, DUSTY P  
Address: 2696 PRIMEROSE CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: JOHNSON, DEAN J  
Address: 6937 WAIKIKI RD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST (X) Change ( ) Addition  
Name: CONE, DUSTY P  
Address: 2696 PRIMEROSE CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

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

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: DEAN J JOHNSON

P

07/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date