


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90125 042 \*\*\*150.00

DOCUMENT # P04000073992					
1. Entity Name <b>L &amp; R POOL CONSTRUCTION, INC.</b>					
Principal Place of Business 7874 COUNTY ROAD 558 CENTR HILL, FL 33514			Mailing Address 7874 COUNTY ROAD 558 CENTR HILL, FL 33514		
2. Principal Place of Business <b>3405 CR 431</b>		3. Mailing Address <b>3405 CR 431</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKE PANASOFFKEE FL</b>		City & State <b>LAKE PANASOFFKEE FL</b>		4. FEI Number 20-1119110	
Zip <b>33538</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33538</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent  <b>NEWSOME, LAWYEL</b> <b>7874 COUNTY ROAD 558</b> <b>CENTR HILL, FL 33514</b>	
City <b>LAKE PANASOFFKEE</b>		State <b>FL</b>		7. Name and Address of New Registered Agent  Name <b>GOLDSBERRY, REX</b> Street Address (P.O. Box Number is Not Acceptable) <b>3405 CR 431</b>  City <b>LAKE PANASOFFKEE</b> State <b>FL</b> Zip Code <b>33538</b>	
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 <u><i>X Rex Goldsberry</i></u> DATE <u><i>X 3/14/06</i></u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>NEWSOME, LAWYEL</b> <b>7874 COUNTY ROAD 558</b> <b>CENTER HILL, FL 33514</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <b>GOLDSBERRY, REX</b> <b>7874 COUNTY ROAD 558</b> <b>CENTER HILL, FL 33514</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>GOLDSBERRY, REX</b> <b>3405 CR 431</b> <b>LAKE PANASOFFKEE FL 33538</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <u><i>X Rex Goldsberry</i></u>			<u><i>X 3/14/06</i></u> Date Daytime Phone #		

ATTACHMENT

20072283  
#P04000073992

CSOL

Ronnie Hawkins, CFA  
Sumter County Property Appraiser  
209 N. Florida Street  
Bushnell FL 33513

Tangible Personal Property Tax Return	
Confidential §§ 193.074 F.S.	
As Required by §§ 193.052 & 193.062 F.S. Return to	
County Property Appraiser By April 1 to Avoid Penalties	
State of Florida, County of	Sumter 2006

Business Name (DBA - Doing Business As) and

Mailing Address

County ID NEW

L &amp; R Pool Construction, Inc.

Federal Employer Iden. No

20-1119110

Social Security Number

3405 CR 431

Lake Panasoffkee

FL 33538

NAICS/SIC 238900

If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you.

Incomplete entries are subject to penalties.

1. Please give name and telephone number of Owner or Person in charge of this Business.

Name Lawyel Newsome

Corporate Name Telephone

L &amp; R Pool Construction, Inc.

2. Actual Physical Location of Property for Which this Return is Filed (Street Addr. Not P.O. Box) Mfg.

Same

3. Is your business/farm located within the incorporated limits of a City? Yes ☒ No ☐

What City? Center Hill

4. Do You File a Tangible Personal Prop. Tax Rtn. Under Any Other Name? Yes ☐ No ☒Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or  
Other Current Tax Return.

5. Date you began business in this county: 5/05/04 Fiscal year: 12/31

5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31.

Yes ☐ No ☐

6. Describe Type or Nature of Your Business:

Pool Construction

7. Trade Level (Check as many as apply) Retail ☐ Wholesale ☐  
Mfg. ☐ Prof. ☐ Service ☐ Ag ☐ Leasing/  
Rental ☐ Other ☒

8. Did you file a Tangible Personal Property Return in this county last Year?

Yes ☐ No ☒

If so, under what name and where?

9. Former owner of the Busn.:

9a. If Business sold, to whom?

Date Sold

## Personal Property Summary

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.

Taxpayer's Estimate of  
Fair Market ValueOriginal  
Installed  
CostAppraiser's  
Use only

10. Office Furniture &amp; Office Machines &amp; Library

11. EDP Equipment, Computers, Word Processors

12. Store, Bar &amp; Lounge, and Restaurant Furniture &amp; Equipment, Etc.

13. Machinery and Manufacturing Equipment

14. Farm, Grove, and Dairy Equipment

15. Professional, Medical, Dental &amp; Laboratory Equipment

16. Hotel, Motel, &amp; Apartment Complex

16a. Rental Units - Stove, Refrig., Furniture, Drapes &amp; Appliances

17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)

18. Service Station &amp; Bulk Plant Equipment - Underground Tanks, Lifts, Tools

19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.

20. Leasehold improvements must be grouped by type, year of installation and description

21. Pollution Control Equipment

22. Equipment owned by you but rented, leased or held by others

23. Supplies - Not Held for Resale

24. Other - Please Specify

870

TOTAL PERSONAL PROPERTY

870

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE 3/14/06 TITLE PresidentSIGNED Rex Dobbins (TAXPAYER)SIGNED Reenie Young (PREPARER)

Young &amp; Company, LLC

ADDRESS Lake Mary FL 32746PHONE NO. 407-936-2500 PREPARER'S I.D.# P00505442

LESS EXEMPTION: ( ) WIDOW ( ) WIDOWER ( ) BLIND  
( ) TOTAL DISABILITY ( ) OTHER

Taxable value

Deputy

Penalty

Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.

