

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-07-2005 90009 034 ***150.00
P04000084371

FILED

05 JUL 25 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000084371

1. Entity Name
AFFORDABLE LIFE SAVER POOLS OF POLK COUNTY,
INC.



Principal Place of Business
4612 KINGS POINT COURT
LAKELAND, FL 33813

Mailing Address
4612 KINGS POINT COURT
LAKELAND, FL 33813

2. Principal Place of Business

3. Mailing Address

- Suite, Apt. #, etc. -

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012005

Chg-P

CR2E034 (10/03)

4. FEI Number

56-2461013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A
3500 SOUTH FLORIDA AVENUE, SUITE 3
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
D TRACY, TODD M
4612 KINGS POINT COURT
LAKELAND, FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Todd M Tracy Todd M Tracy

Date

Daytime Phone #

07/01/05 (863) 6074778