


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90001 011 ***150.00

DOCUMENT # P05000006399	
1. Entity Name SONJA BINGHAM - ALL ABOUT POOLS, INC.	

Principal Place of Business 8680 N MEYER SQ DUNNELLON, FL 34433	Mailing Address 8680 N MEYER SQ DUNNELLON, FL 34433
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2. Principal Place of Business 8807 N Cacalia Dr	3. Mailing Address 8807 N Cacalia Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01182006 Chg-P CR2E034 (11/05)

City & State Crystal River, FL	City & State Crystal River, FL
Zip 34428	Zip 34428
Country	Country

4. FEI Number 20 3170257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BINGHAM, SONJA R 8680 N MEYER SQ DUNNELLON, FL 34433	
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7. Name and Address of New Registered Agent Name Bingham, Sonja R Street Address (P.O. Box Number is Not Acceptable) 8807 N. Cacalia Dr. City Crystal River FL Zip Code 34428	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P BINGHAM, SONJA R 8680 N MEYER SQ DUNNELLON, FL 34433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P Bingham, Sonja R. 8807 N. Cacalia Dr. Crystal River, FL 34428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:  2/1/06 Date Daytime Phone #