

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000008515**

1. Entity Name  
**KRYSTAL KLEAR POOLS & SPAS, INC.**



Principal Place of Business  
**6705 WEST MIHOOVER CT.  
CRYSTAL RIVER, FL 34429**

Mailing Address  
**6705 WEST MIHOOVER CT.  
CRYSTAL RIVER, FL 34429**



01312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2182025**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EASTMAN, ERICK  
6705 WEST MIHOOVER CT.  
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE  
IN THIS SPACE**

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 who file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **05/08/07**

**05/08/07-80050-014 158.75**

**FILE NOWH FEE IS \$150.00  
After May 1, 2007 Fee will be \$850.00**

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  
**PD  
EASTMAN, ERICK  
6705 WEST MIHOOVER CT.  
CRYSTAL RIVER, FL 34429**

TITLE  
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CITY- ST- ZIP

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IN THIS SPACE**

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: *Erick Eastman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-07**

Date

Daytime Phone