

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90037 010 ***150.00

DOCUMENT # P05000040022	
1. Entity Name SAND DOLLAR POOL REPAIR, INC. OF LITHIA	

Principal Place of Business 18103 DORMAN RD LITHIA, FL 33547	Mailing Address 18103 DORMAN RD LITHIA, FL 33547
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DO NOT WRITE IN THIS SPACE



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3185748	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HIGHSMITH, WILLIAM R 18103 DORMAN RD LITHIA, FL 33547	DO NOT WRITE IN THIS SPACE
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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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HIGHSMITH, WILLIAM E 18103 DORMAN RD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HIGHSMITH, JULIE B 18103 DORMAN RD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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: William R Highsmith President 4/29/07 813-313-8393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Correction

40115591

Box 10

~~#05000040022~~

P

Hightsmith, William

↙ Middle initial
should be R
not E

P
Hightsmith William R.

William R Hightsmith

18103 Dorman Rd

Lithia FL 33547