

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 19, 2006 8:00 am
Secretary of State

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01042006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000055810 1. Entity Name SUNSHINE POOL SUPPLIES, INC.					
Principal Place of Business 140 GUY STRICKLAND RD. CRAWFORDVILLE, FL 32327			Mailing Address 140 GUY STRICKLAND RD. CRAWFORDVILLE, FL 32327		
2. Principal Place of Business <i>2543 Crawfordville Hwy</i> Suite, Apt. #, etc. <i>STE #2</i>		3. Mailing Address <i>140 Guy Strickland Rd.</i> Suite, Apt. #, etc.			
City & State <i>Crawfordville FL</i>		City & State <i>Crawfordville FL</i>		4. FEI Number <i>20-2681312</i>	
Zip <i>32327</i>		Country <i>WAKULLA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABBOTT, JODI L 2928A HARRISON AVENUE PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name <i>Daniel M. LANGSTON</i> Street Address (P.O. Box Number is Not Acceptable) <i>140 Guy Strickland Rd.</i> City <i>Crawfordville</i> FL Zip Code <i>32327</i>		
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 <i>[Signature]</i> <i>DANIEL M. LANGSTON</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGSTON, DONNA A 140 GUY STRICKLAND RD. CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Jodi L. Abbott</i> <i>140 Guy Strickland Rd.</i> <i>Crawfordville FL 32327</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGSTON, SHELLEY L 140 GUY STRICKLAND RD. CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>Donna A. Langston</i> <i>DONNA A. LANGSTON</i> <i>3/25/06</i> <i>(850) 644-6249</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					