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FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90100 013 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000093049			
1. Entity Name FLORIDIAN POOLS & SPAS, INC			
Principal Place of Business 1634 PENNSYLVANIA AVE PALM HARBOR, FL 34683		Mailing Address 1634 PENNSYLVANIA AVE PALM HARBOR, FL 34683	
2. Principal Place of Business 1007 Michigan Ave Suite, Apt. #, etc.		3. Mailing Address 1007 Michigan Ave Suite, Apt. #, etc.	
City & State Palm harbor FL		City & State Palm harbor FL	
Zip FL 34683	Country USA	Zip 34683	Country USA
4. FEI Number 20-3082746		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODGERS, CHRISTOPHER A 1634 PENNSYLVANIA AVE PALM HARBOR, FL 34683		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 SEC 8 applicable. (NOTE: Registered Agent signature required when withdrawing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$950.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PS RODGERS, CHRISTOPHER A 1634 PENNSYLVANIA AVE PALM HARBOR, FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT WALLACE, JAMES D 808 BELTREES ST DUNEDIN, FL 34698 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		4-14-06 (727) 787-6700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYPHONE PHONE #	

40056264



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