

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-23-2006 90007 007 ***150.00

DOCUMENT # P05000093081 1. Entity Name J.T. POOL WORKS INC.																											
Principal Place of Business 1134 GEORGE ANDERSON ORMOND BEACH, FL 32174		Mailing Address 1134 GEORGE ANDERSON ORMOND BEACH, FL 32174																									
2. Principal Place of Business 1052 Shockney Drive Suite, Apt. #, etc.		3. Mailing Address 1052 Shockney Drive Suite, Apt. #, etc.																									
City & State Ormond Beach, FL		City & State Ormond Beach, FL																									
Zip 32174	Country USA	Zip 32174	Country USA																								
6. Name and Address of Current Registered Agent THURMAN, JAMIE 1134 GEORGE ANDERSON ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 reappointing) <small>Signature typed or printed name of registered agent and title if applicable. DATE</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																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THURMAN, JAMIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1134 GEORGE ANDERSON</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32174</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Thurman, Jamie</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1052 Shockney Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ormond Beach, FL 32174</td> <td></td> </tr> </table> </div> </div>				TITLE	P	<input type="checkbox"/> Delete	NAME	THURMAN, JAMIE		STREET ADDRESS	1134 GEORGE ANDERSON		CITY-ST-ZIP	ORMOND BEACH, FL 32174		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Thurman, Jamie		STREET ADDRESS	1052 Shockney Drive		CITY-ST-ZIP	Ormond Beach, FL 32174	
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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: <u><i>Jamie Thurman</i></u> X 3-14-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											

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03032006 Chg-P CR2E034 (11/05)

4. FEI Number **75-3197173** Applied For ☐ Not Applicable ☐

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