2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125366

Entity Name: PATIO PLUS POOL & SPA, INC.

HARRISON, SHELLY L

2026 GREENBRIER BLVD

LYNN HAVEN, FL 32444 US

Name:

Address:

City-St-Zip:

FILED May 17, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	NOLD RD. CITY BEACH, I	FL 32413	US	1812 SUMMER OAK PANAMA CITY BEA		
Current Mailing Address:				New Mailing Address:		
P.O. BOX PANAMA	18105 CITY BEACH, I	FL 32417	US			
FEI Number	: 20-3453822	FEI Numbe	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
2026 GRE LYNN HAV	N, ROBERT R ENBRIER BLV VEN, FL 32444	l US	statement for the	purpose of abanging its registe	rod office or registered agent, or both	
	e named entity s e of Florida.	sudmits this	statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Ager				ent	t Date	
			•	ot receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () HARRISON, RC 2026 GREENBI LYNN HAVEN, I	RIER BLVD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () HARRISON, CH PO BOX 18105 PANAMA CITY		2417 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () HARRISON, NIC PO BOX 18105 PANAMA CITY		2417 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TREA ()	Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHAD HARRISON VP 05/17/2007