

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90023 010 ***150.00

DOCUMENT # P05000139620

1. Entity Name
SLOAN POOLS, INC.



Principal Place of Business
**5214 N.W. 52ND STREET
COCONUT CREEK, FL 33073**

Mailing Address
**5214 N.W. 52ND STREET
COCONUT CREEK, FL 33073**

40099191



2. Principal Place of Business
**505 BEACHLAND BLVD.
SUITE, Apt. #, etc.
STE. #1 PMB 231**

3. Mailing Address
**505 BEACHLAND BLVD.
SUITE, Apt. #, etc.
STE. #1 PMB 231**

07112006 Chg-P CR2E034 (11/05)

City & State
Vero Bch. FL.

City & State
Vero Bch. FL

4. FEI Number
20-3642942

Applied For
Not Applicable

Zip
32963

Country
USA

Zip
32963

Country
USA

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

6. Name and Address of Current Registered Agent

**SLOAN, DOUGLAS
5214 N.W. 52ND STREET
COCONUT CREEK, FL 33073**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SLOAN, DOUGLAS
5214 N.W. 52ND STREET
COCONUT CREEK, FL 33073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SLOAN, PAMELA
5214 N.W. 52ND STREET
COCONUT CREEK, FL 33073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Doug Sloan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-06

Date

772-532-0065

Daytime Phone #

Doug Sloan - Pres.