2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031023

Name:

Address:

City-St-Zip:

SLAUGHTER, TRAVIS M

3622 SPRING FORREST AVE

JACKSONVILLE, FL 32216

Entity Name: GREAT WHITE POOLS AND SPAS INC.

FILED Apr 28, 2009 Secretary of State

Current P	rincipal Pla	ce of Business:	New Principal P	New Principal Place of Business:	
10095 BEACH BLVD. 575 JACKSONVILLE, FL 32246				130 ARLINGTON ROAD SOUTH JACKSONVILLE, FL 32216	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
10095 BEACH BLVD SUITE 575 JACKSONVILLE, FL 32246				130 ARLINGTON ROAD SOUTH JACKSONVILLE, FL 32216	
FEI Number:	20-4427565	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
The above	TIE ST VILLE, FL 3 named entit e of Florida.		purpose of changing its regi	stered office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	 Date	
Election Car	npaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TRAWICK, J 6228 LOTTIE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLACK, BLA 4417 BECON		Address: 3622	(X) Change () Addition GHTER, TRAVIS M SPRING FORREST AVE SONVILLE, FL 32216	
Title:	DST	(X) 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: BLAIR D. BLACK RO 04/28/2009