


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90845 001 \*\*\*150.00

**DOCUMENT # P06000078995**

1. Entity Name  
**SPA AND POOL WATER WORLD, INC.**



Principal Place of Business      Mailing Address

**1817 HAMMOCKS AVENUE**      **1817 HAMMOCKS AVENUE**  
**LUTZ, FL 33549**      **LUTZ, FL 33549**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**17510 N. US HWY 41**      **17510 N. US HWY 41**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



04252007      Chg-P      CR2E034 (12/06)

City & State      City & State

**LUTZ, FL**      **LUTZ, FL**

Zip      Country      Zip      Country

**33549**      **U.S.**      **33549**      **U.S.**

4. FEI Number      Applied For

**20-4971747**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COLLINS, KEVIN D**  
**1817 HAMMOCKS AVENUE**  
**LUTZ, FL 33549**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ALDERMAN, DUSTIN W</b>
STREET ADDRESS	<b>1817 HAMMOCKS AVENUE</b>
CITY-ST-ZIP	<b>LUTZ, FL 33549</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>COLLINS, KEVIN D</b>
STREET ADDRESS	<b>1817 HAMMOCKS AVENUE</b>
CITY-ST-ZIP	<b>LUTZ, FL 33549</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Dustin W. Alderman*      **DUSTIN W. ALDERMAN**      4/25/07      813-333-213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #