## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092242

Entity Name: FLORIDA WALK IN TUBS, INC.

## FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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4900 SE 137TH AVE RD 3650 DUNDEE RD

OCKLAWAHA, FL 32179 WINTER HAVEN, FL 33884

Current Mailing Address: New Mailing Address:

4900 SE 137TH AVE RD PO BOX 613

OCKLAWAHA, FL 32179 LAKE HAMILTON, FL 33851

FEI Number: 26-2428494 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATHIS, RICHARD T MATHIS, KAREN E 4900 SE 137TH AVE RD 3650 DUNDEE RD

OCKLAWAHA, FL 32179 US WINTER HAVEN, FL 33884 US

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.

SIGNATURE: KAREN E MATHIS 04/17/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MATHIS, RICHARD T
 Name:
 MATHIS, KAREN E

 Address:
 4900 SE 137TH AVE RD
 Address:
 224 S OMAHA ST

City-St-Zip: OCLAWAHA, FL 32179 City-St-Zip: LAKE HAMILTON, FL 33851

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MATHIS, DEBBIE
 Name:
 MATHIS, KAREN E

 Address:
 4900 SE 137TH AVE RD
 Address:
 224 S OMAHA ST

 City-St-Zip:
 OCKLAWAHA, FL 32179
 City-St-Zip:
 LAKE HAMILTON, FL 33851

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 MATHIS, KAREN E

 Address:
 Address:
 224 S OMAHA ST

 City-St-Zip:
 City-St-Zip:
 LAKE HAMILTON, FL 33851

Sky St Zip. 2/4021744112/5/K, 12 5555

Title: ( ) Delete Title: T ( ) Change (X) Addition

 Name:
 Name:
 MATHIS, KAREN E

 Address:
 Address:
 224 S OMAHA ST

City-St-Zip: City-St-Zip: LAKE HAMILTON, FL 33851

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.

SIGNATURE: KAREN E MATHIS P 04/17/2008