

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000029954

Entity Name: TROPICAL POOL REPAIR, INC.

FILED
May 24, 2007
Secretary of State

Current Principal Place of Business:

736 N.W. BUCK HENDRY WAY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

126 SE CROSSPOINT DR
PORT ST LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 65-0402104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, FRANK E
126 SE CROSSPOINT DRIVE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, FRANK
Address: 126 SOUTHEAST CROSSPOINT DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK WILLIAMS

D

05/24/2007

Electronic Signature of Signing Officer or Director

_____ Date