

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000029954

Entity Name: TROPICAL POOL REPAIR, INC.

FILED  
Apr 10, 2008  
Secretary of State

## Current Principal Place of Business:

736 N.W. BUCK HENDRY WAY  
STUART, FL 34983 US

## New Principal Place of Business:

713 N.W. BUCK HENDRY WAY  
UNIT O-22  
STUART, FL 34983 US

## Current Mailing Address:

126 S.E. 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 DIRECTO  
126 S.E. CROSSPOINT DR.  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: O ( ) Delete  
Name: SPLAIN, SIGLINDA E SECRETA  
Address: 126 S.E. CROSSPOINT DR.  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: O ( ) Delete  
Name: DURETTE, SCOTT OPERATI  
Address: 202 SELVA CT.  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

04/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date