

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90150 026 ***150.00

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1. Entity Name
SUNSET POOLS OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
682 SAUSALITO BLVD 682 SAUSALITO BLVD
CASSELBERRY, FL 32707-5731 US CASSELBERRY, FL 32707-5731 US

50012151



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

04112006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
59-3258207 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

MCCULLOUGH, TIMOTHY A
682 SAUSALITO BLVD
CASSELBERRY, FL 32707

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **MCCULLOUGH, TIMOTHY A** ☐ Delete
STREET ADDRESS **682 SAUSALITO BLVD**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME **David Phillips**
STREET ADDRESS **2531 Lafayette Avenue**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy McCullough

Date

Daytime Phone #

4-11-06

407.620-1156