

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000030158

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: TROPICAL POOLS AND SPAS INC

## Current Principal Place of Business:

2250 LEE ROAD  
101  
WINTER PARK, FL 32789 US

## New Principal Place of Business:

## Current Mailing Address:

2250 LEE ROAD  
101  
WINTER PARK, FL 32789 US

## New Mailing Address:

FEI Number: 59-3312424      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALSTOTT, ADAM  
2250 LEE RD  
SUITE #101  
WINTER PARK, FL 32789 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: P ( ) Delete  
Name: ALSTOTT, ADAM  
Address: 2250 LEE ROAD #101  
City-St-Zip: WINTER PARK, FL 32789

Title: SEC ( ) Delete  
Name: ALSTOTT, ADAM  
Address: 2550 LEE ROAD #101  
City-St-Zip: WINTER PARK, FL 32789

Title: TRES ( ) Delete  
Name: ALSTOTT, ADAM  
Address: 2250 LEE ROAD #101  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALSTOTT, ADAM  
Address: 2250 LEE ROAD #101  
City-St-Zip: WINTER PARK, FL 32789 US

Title: SEC (X) Change ( ) Addition  
Name: ALSTOTT, ADAM  
Address: 2550 LEE ROAD #101  
City-St-Zip: WINTER PARK, FL 32789 US

Title: TRES (X) Change ( ) Addition  
Name: ALSTOTT, ADAM  
Address: 2250 LEE ROAD #101  
City-St-Zip: WINTER PARK, FL 32789 US

Title: VP ( ) Change (X) Addition  
Name: MEIER, SPENCER  
Address: 2250 LEE RD #101  
City-St-Zip: WINTER PARK, FL 32789 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADAM ALSTOTT

P

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date