

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026808

FILED
Feb 13, 2006
Secretary of State

Entity Name: FLORIDA POOL HEATING INC.

Current Principal Place of Business:

10778 WILES RD.
CORAL SPRINGS, FL 33076

New Principal Place of Business:

10790 WILES RD.
CORAL SPRINGS, FL 33076

Current Mailing Address:

10778 WILES RD.
CORAL SPRINGS, FL 33076

New Mailing Address:

10790 WILES RD.
CORAL SPRINGS, FL 33076

FEI Number: 65-0659227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLMEZER, KEVIN
5062 NW 112 DR.
CORAL SPRINGS, FL 33076 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: PD () Delete
Name: OLMEZER, DENNIS
Address: 10939 NW 9TH MANOR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD () Delete
Name: OLMEZER, KEVIN
Address: 5062 NW 112 DR.
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DENNIS OLMEZER

PD

02/13/2006

Electronic Signature of Signing Officer or Director

_____ Date