

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P97000020409

1. Entity Name
COOL POOLS & HOT TUBS, INC.



Principal Place of Business Mailing Address
409 SW THISTLE TRL 409 SW THISTLE TRL
PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0734152 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, PAUL
409 SW THISTLE TRL
PORT ST. LUCIE, FL 34953

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000703178
04/20/07-80129-025 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROSE, PAUL
STREET ADDRESS 409 SW THISTLE TRAIL
CITY - ST - ZIP PORT ST LUCIE, FL 34953

TITLE VP
NAME ROSE, SUSAN
STREET ADDRESS 409 SW THISTLE TRAIL
CITY - ST - ZIP PORT ST LUCIE, FL 34953

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IN THIS SPACE**

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: Sam E Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07 722 340 1300
Date Daytime Phone #