

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000022566**

1. Entity Name

**MADELINE'S POOL STORE, INC.**



Principal Place of Business

**6913 SHELDON ROAD  
TAMPA, FL 33615 US**

Mailing Address

**9002 W. NORFOLK ST.  
TAMPA, FL 33615 US**

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3434070**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCMORROW, MADELINE  
9002 W NORFOLK ST  
TAMPA, FL 33615**

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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

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	PO
NAME	MCMORROW, MADELINE
STREET ADDRESS	9002 W. NORFOLK STREET
CITY- ST- ZIP	TAMPA, FL 33615
TITLE	S
NAME	MCMORROW, JOHN F.
STREET ADDRESS	8906 W. FLORA STREET
CITY- ST- ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/22/06-80061-024 150.00

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/06

(813) 966-7403