

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90041 022 \*\*\*150.00

**DOCUMENT # P97000055439**

1. Entity Name  
**FLORIDA SPA COVERS & VINYL SPECIALTIES, INC.**



Principal Place of Business  
13257 60TH ST N  
CLEARWATER, FL 33760 US

Mailing Address  
13257 60TH ST N  
CLEARWATER, FL 33760 US

40007255



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3453992

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LANGFORD & HILL PA  
1715 W CLEVELAND ST  
TAMPA, FL 33601

**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

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
JONES, CATHY L  
13257 60TH ST N  
CLEARWATER, FL 33760

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
JONES, CATHY L  
13257 60TH ST N  
CLEARWATER, FL 33760

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CRAYTON, FLORENCE G  
5015 W WATERS AVE  
TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JONES, JACK D  
13257 60TH ST N  
CLEARWATER, FL 33760

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 #

1-27-07

727

535-8282