2006 FOR PROFIT CORPORATION

FILED \mathbf{A} te

ANNUAL REPURI				Apr 14, 2006 08:00			
DOCUMENT # P97000064388				Secretary of Star			
1. Entity Nam POP'S PO	OOL MASTERS, INC.					·	
Principal Place	e of Business	Mailing Address	*·····	1			
•	NROE STREET	1988 SE MONROE STREET					
STUART, FL		STUART, FL 34997					
		·		C EMPOTIMENT STA	. Duffer ennefer monthe worder nomen	E MANNE ENTRE ENDEM AND FERME FERMEN IN FARE	
			The second second				
DO NOT WRITE IN THIS SPAC				01242006	No Chg-P	CR2E034 (11/05)	
U	O NOI WALLE	UE	4. FEI Numbe 65-077		Applied For Not Applicable		
	•		a i i ga da bitta. Li i i i i i i i i i i i i i i		of Status Desired	\$8.75 Additional	
	6. Name and Address of Current R	andstanced Ament	Salah Sa			Fee Required	
	u, testing dire services of Contests to	TOTAL CONTROL OF THE PARTY OF T		• •			
	N, RICHARD T IONROE STREET		DO NOT WRITE				
STUART, FL 34997			IN THIS SPACE				
				rid :	THO OI	AUL	
				and an ingeres			
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, lyped or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstaling) UATE							
And the control of th							
	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	·	.00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS	4				
TITLE RAME	D ROBINSON, RICHARD T						
STREET ADORESS	1988 SE MONROE STREET		1				
CITY-ST-ZIP	STUART, FL 34997						
IME	D	· <u></u>	1	,		and a second second	
NAME	ROBINSON, CONNIE		l			10509852	
STREET ADDRESS	1988 SE MONROE STREET				04/28/0	5-80060-014 150.00-	
Caty-St-Zip	STUART, FL 34997		1				
TITLE Name							
STREET ADDRESS				no	NOT W	RITE	
CITY-ST-ZIP		<u> </u>	4			1	
NAME			ł	IN	THIS SF	ACE	
STREET ADDRESS			1				
CITY-ST-ZIP			1		ا الله الله الله الله والمعلى والمدارات الله الله الله الله الله الله الله ال		
NAME					- -		
STREET ADDRESS						3.5	
CITY - ST - ZIP			- I	and the second			
TOTLE NAME							
STREET ADDRESS					en e		
CITY ST-ZIP	anothis, that the information assertion is 18	hin filling class and available for the	I	die Charles	Davids Da	Andrew Control of the	
12. Thereby certify that the information supplied with this filling 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 it made under oath, that I am an officer or director of the corporation or the receiver or trustee approximated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.							
				6	1/m/m	ا	
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR							