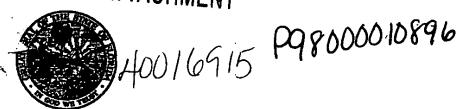
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P98000010896** 02-23-2006 90014 012 \*\*\*150.00 1. Entity Name TOP GUNN POOLS, INC. Principal Place of Business Mailing Address 1601 N HANNA RD P.O. BOX 414 LUTZ, FL 33548 LUTZ, FL 33549 02212006 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3491238 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MULL, BOBBY D DO NOT WRITE 1719 WALLACE RD LUTZ, FL 33549 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE MULL, BOBBY NAME STREET ADDRESS 1719 WALLACE RD CITY-ST-ZIP LUTZ, FL 33549 TITLE NAME MULL, YVONNE J STREET ADDRESS 1719 WALLACE RD CITY-ST-ZIP LUTZ, FL 33549 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP N THIS-SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

Feb 23, 2006 8:00 am

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.



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 8, 2006

TOP GUNN POOLS, INC. P.O. BOX 414 LUTZ, FL 33548-0414

Subject: TOP GUNN POOLS, INC.

Reference Number:

000000063249

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM ANNUAL REPORTS SECTION

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