

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90030 029 ***550.00

DOCUMENT # P98000081113

1. Entity Name
BLUE SKY POOLS, INC.



Principal Place of Business
**3208 E. 4TH AVE.
TAMPA, FL 33605**

Mailing Address
**3208 E. 4TH AVE.
TAMPA, FL 33605**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3532390

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURINSKY, MICHAEL
14809 N. ROME
TAMPA, FL 33613**

Name **Jennifer Turinsky**
Street Address (P.O. Box Number is Not Acceptable)
3208 E 4th Ave
City **Tampa** FL Zip Code **33605**

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

Jennifer J. Turinsky
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Jennifer Turinsky
Treasurer

7-11-08
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME **TURINSKY, MICHAEL C**
STREET ADDRESS **14809 N ROME AVE**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME **TURINSKY, MICHAEL P**
STREET ADDRESS **14809 ROME AVE**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME **TURINSKY, JENNIFER**
STREET ADDRESS **9060 PINEBREEZE DR**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Jennifer J. Turinsky
Signature typed or printed name of signing officer or director

7-11-08
Date

813-2424265
Daytime Phone #