

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000083031

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: HOLLAND POOLS AND SPAS, INC.

## Current Principal Place of Business:

115 W PINE AVE  
LONGWOOD, FL 32750

## New Principal Place of Business:

## Current Mailing Address:

115 W PINE AVE  
LONGWOOD, FL 32750

## New Mailing Address:

FEI Number: 59-3536456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLAND, E. MICHAEL  
115 W. PINE AVE  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOLLAND, E. MICHAEL  
Address: 115 W PINE AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete  
Name: HOLLAND, GLORIA A  
Address: 115 W PINE AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: S/T ( ) Delete  
Name: MOHLER, JULIE A  
Address: 115 W PINE AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: KINSER, SCOTT A  
Address: 115 W PINE AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Change (X) Addition  
Name: KINSER, CARY M  
Address: 115 W PINE AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: S/T ( ) Change (X) Addition  
Name: MOHLER, JULIE A  
Address: 115 W PINE AVE  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E MICHAEL HOLLAND

D

04/02/2007

Electronic Signature of Signing Officer or Director

Date