## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment

## Mar 21, 2006 8:00 am Secretary of State DOCUMENT # P98000104614 1. Entity Name 03-21-2006 90047 037 \*\*\*158.75 PEGASUS POOLS OF TAMPA BAY, INC. Principal Place of Business Mailing Address 810 BECKETT WAY 810 BECKETT WAY TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 3. Mailing Address P. 0 - Box 639 Suite, Apt. #, etc. 2. Principal Place of Business 13429 Interlaken Road Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3584892 Odessa Not Applicable Country Pasco Country \$8.75 Additional 5. Certificate of Status Desired 33556 Pasco Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Klein Philip KLEIN, PHILIP R 810 BECKETT WAY Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 13429 Interlaten Ruad Zip Code 33556 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 regig Philip Klein FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE Change ☐ Delete TITLE Kiein, Philip R. Addition NAME KLEIN, PHILIP R NAME 13429 Interlaken Road STREET ADDRESS 810 BECKETT WAY STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP Odessa FI 33556 Delete TITLE Change ■ Addition NAME KLEIN, JOANNE V MAME STREET ADDRESS 810 BECKETT WAY STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP HILL Delete TITLE ☐ Change \_ . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of usee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

**FILED**