

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000106328

1. Entity Name
SUNSPASH POOLS SERVICE & REPAIR, INC.



Principal Place of Business

**919 6TH AVE SW
LARGO, FL 33770**

Mailing Address

**919 6TH AVE SW
LARGO, FL 33770**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3548140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRISWOLD, PHILLIP
919 6TH AVE SW
LARGO, FL 33770**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GRISWOLD, PHILLIP**
STREET ADDRESS **919 6TH AVE SW**
CITY - ST - ZIP **LARGO, FL 33770**

TITLE **D**
NAME **GRISWOLD, BRENDA**
STREET ADDRESS **919 6TH AVE SW**
CITY - ST - ZIP **LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000603134
01/29/07-80001-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Brenda Griswold **Brenda Griswold**

1-22-07

727-581-2426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #