

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24731

FILED
Mar 29, 2005
Secretary of State

Entity Name: TROPICAL SPAS AND POOLS INC.

Current Principal Place of Business:

3612 W 23RD ST
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

3612 W 23RD ST
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-3118801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHALEN, WILLIAM D.
100 KENNESAW LN
PANAMA CITY, FL 32405 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHALEN, WILLIAM D
Address: 100 KENNESAW LANE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: V () Delete
Name: WHALEN, BRENDA C
Address: 100 KENNESAW LANE
City-St-Zip: PANAMA CITY, FL 32405 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM WHALEN

PRES

03/29/2005

Electronic Signature of Signing Officer or Director

Date