2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460697

FILED Feb 18, 2008 Secretary of State

Entity Name: ST. AUGUSTINE POOLS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
660 US 1 T AUGU	IS. STINE, FL 32	2086		
Current Mailing Address:		ess:	New Mailing Address:	
660 US 1 T AUGU	IS. STINE, FL 32	2086		
El Number	r: 59-1550438	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
010 CLY	E, PHILIP MER ROAD	US		
·	FL 32033		nurnose of changing its register	ed office or registered agent, or both
he above			purpose of changing its register	ed office or registered agent, or both,
he above	e named entity e of Florida. RE:	γ submits this statement for the		red office or registered agent, or both,
he above the Stat	e named entity e of Florida. RE:			red office or registered agent, or both, Date
he above the Stat	e named entity e of Florida. RE: Electro	γ submits this statement for the		ed office or registered agent, or both, Date
he above the Stat IGNATU	e named entity e of Florida. RE: Electro	/ submits this statement for the onic Signature of Registered Aç ng Trust Fund Contribution ().	gent	
he above the Stat IGNATU	e named entity e of Florida. RE:Electro mpaign Financi	y submits this statement for the point Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete PHILIP R ROAD	gent	Date
he above the Status IGNATU ection CareficeRule: ame: ddress:	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRE PRES (ETHRIDGE, F 5010 CLYME ELKTON, FL VP (HART, GREG 238 ORCHIS	y submits this statement for the poinc Signature of Registered Aging Trust Fund Contribution (). CTORS: () Delete PHILIP R ROAD 32033	gent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify 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: PHILIP ETHRIDGE PRES 02/18/2008