2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# 460697

Entity Name: ST. AUGUSTINE POOLS, INC.

Current Principal Place of Business:

2660 US 1 S.
ST AUGUSTINE, FL 32086

New Principal Place of Business:

164 C NIX BOAT YARD ROAD
ST AUGUSTINE, FL 32084

Current Mailing Address:

2660 US 1 S.
ST AUGUSTINE, FL 32086

New Mailing Address:

164 C NIX BOAT YARD ROAD
ST AUGUSTINE, FL 32084

FEI Number: 59-1550438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ETHRIDGE, PHILIP
5010 CLYMER ROAD
ELKTON, FL 32033 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: PRES ( ) Delete
Name: ETHRIDGE, PHILIP
Address: 5010 CLYMER ROAD
City-St-Zip: ELKTON, FL 32033

Title: VP ( ) Delete
Name: HART, GREG
Address: 238 ORCHIS ROAD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: TREA (X) Delete
Name: ETHRIDGE, LINDA
Address: 5010 CLYMER ROAD
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ETHRIDGE, PHILIP G
Address: 5010 CLYMER ROAD
City-St-Zip: ELKTON, FL 32033

Title: VP (X) Change ( ) Addition
Name: ETHRIDGE, LINDA M
Address: 5010 CLYMER ROAD
City-St-Zip: ELKTON, FL 32033

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

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 GEORGE ETHRIDGE PRES 03/27/2009

Electronic Signature of Signing Officer or Director — Date