

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626668

FILED
Apr 09, 2009
Secretary of State

Entity Name: PATIO POOLS, INC.

Current Principal Place of Business:

4118 GUNN HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4118 GUNN HWY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-1925246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, CHARLES P.
4118 GUNN HWY
TAMPA, FL 33618 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: S () Delete
Name: FOSTER, JOYCE CAROL
Address: 14834 LAKE MAGDALENE CIR
City-St-Zip: TAMPA, FL 33613

Title: TVD () Delete
Name: FOSTER, JOYCE CAROL
Address: 14834 LAKE MAGDALENE CIR
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: CLARK, MILDRED
Address: 14832 LAKE MAGDALENE CIR
City-St-Zip: TAMPA, FL 33613

Title: PD () Delete
Name: FOSTER, CHARLES P
Address: 14834 LAKE MAGDALENE CIR
City-St-Zip: TAMPA, FL 33613

Title: VD () Delete
Name: SCHRADER, GINA L
Address: 1828 W. BEARSS AVE.
City-St-Zip: TAMPA, FL 33613

Title: VD () Delete
Name: FOSTER, ROBERT F
Address: 14109 LAKE MAGDALENE BLVD.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VD (X) Change () Addition
Name: FOSTER, ROBERT F
Address: 5000 CULBRETH KEY WAY #8222
City-St-Zip: TAMPA, FL 33611

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: GINA L. SCHRADER

VP

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date