

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626668

FILED  
Apr 26, 2010  
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  
Name: FOSTER, JOYCE CAROL  
Address: 14834 LAKE MAGDALENE CIR  
City-St-Zip: TAMPA, FL 33613

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GINA L. SCHRADER

VP

04/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date