

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 648020

Entity Name: POOL CONTROL, INC.

FILED  
Jan 17, 2007  
Secretary of State

**Current Principal Place of Business:**

2191 US HWY 441/27  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

**Current Mailing Address:**

2191 US HWY 441/27  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

FEI Number: 59-1955578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, TERRY W PSTD  
415 CARMAN DRIVE  
LEESBURG, FL 34748 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: D ( ) Delete  
Name: ADSERBALLE, JUDITH D  
Address: 198 SINGAPORE ISLAND ROAD  
City-St-Zip: LEESBURG, FL 34788

Title: PSTD ( ) Delete  
Name: MILLER, TERRY W  
Address: 415 CARMAN DRIVE  
City-St-Zip: LEESBURG, FL 34748

**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 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: TERRY W MILLER

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01/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date