

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F47103

1. Entity Name
NOFINER POOLS OF SEMINOLE COUNTY, INC.



FILED
Apr 11, 2007 08:00 AM
Secretary of State

Principal Place of Business
C/O DANIEL C. SHEA
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
C/O DANIEL C. SHEA
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2191324	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, DANIEL C.
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEA, DAVID D 191 POINCIANA LANE ENTERPRISE, FL 327389380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEA, ELIZABETH 102 CAMPHORTREE LANE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHEA, DANIEL C 102 CAMPHOR TREE LA ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000701621
04/20/07-80064-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Shea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/07
Date
407-862-6526
Daytime Phone #

ELIZABETH SHEA