## **2008 FOR PROFIT CORPORATION**

**FILED** Apr 14, 2008 08:00 Al Secretary of State

Applied For

Not Applicable

ANTOAL ILLI ON						
DOCUMENT # K2483 1. Entity Name G G & R POOL AND IRRIGA						
Principal Place of Business	Mailing Address					
1148 LAURA STREET CASSELBERRY, FL 32707	1148 LAURA STREET Casselberry, FL 32707					



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 04012008

4. FEI Number 59-2886480

\$8.75 Additional 5. Certificate of Status Desired 

6. Name and Address of Current Registered Agent

SIMMONS, MALCOLM G. 1148 LAURA STREET CASSELBERRY, FL 32707

the obligations of registered agent.

SIGNATURE

DO NOT WRITE IN THIS SPACE

Signature, typed or primed name or registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating)				DATE		
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	ncing	\$5.00 May Be Added to Fees	U00000894249 04/24/08-80020-015-150.00	
10.	OFFICERS AND DIREC	TORS	r	Fr. 4451.	多位,可可与上表的描述的。 电电影电影大 的工具	:
TITLE NAME STREET ADORESS CITY-ST-ZIP	S SIMMONS, REGINA 7303 HATTERAS DRIVE HUDSON, FL 34667					4 4 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, MALCOLM G. 1148 LAURA STREET CASSELBERRY, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1. ji
12. I hereby certify that the information supplied with this filling 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 trusted 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.						

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 Fiorida. I am familiar with, and accept