

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K33302

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** POOLS 'N SPAS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

50 AUDUBON LANE  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

50 AUDUBON LANE  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

FEI Number: 59-2913233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EDEN, JAMES C  
50 AUDUBON LANE  
FLAGLER BEACH, FL 32136 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: PTD ( ) Delete  
Name: EDEN, JAMES C  
Address: 50 AUDUBON LANE  
City-St-Zip: FLAGLER BCH, FL 32136

Title: SD ( ) Delete  
Name: EDEN, CYNTHIA M  
Address: 50 AUDUBON LANE  
City-St-Zip: FLAGLER BEACH, FL 32136

**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 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: JAMES EDEN

PRES

01/14/2009

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

\_\_\_\_\_ Date