

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031536

FILED  
Jul 03, 2008  
Secretary of State

Entity Name: FIBERGLASS SWIMMING POOLS, INC.

**Current Principal Place of Business:**

1637 W. GULF TO LAKE HWY  
LECANTO, FL 34461 US

**New Principal Place of Business:**

**Current Mailing Address:**

1637 W. GULF TO LAKE HWY  
LECANTO, FL 34461 US

**New Mailing Address:**

FEI Number: 20-4054649      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BATTERSON, RAEGAN L  
1637 W. GULF TO LAKE HWY  
LECANTO, FL 34461 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BATTERSON, RAEGAN L  
Address: 519 S. LEONA AVENUE  
City-St-Zip: LECANTO, FL 34461 US

Title: V ( ) Delete  
Name: THACHER, KELLY J  
Address: 525 S. LEONA AVENUE  
City-St-Zip: LECANTO, FL 34461 US

Title: S ( ) Delete  
Name: BUTLER, MICHELLE R  
Address: 2865 E. JUPITER STREET  
City-St-Zip: INVERNESS, FL 34453 US

Title: T ( ) Delete  
Name: NOBLES, NICOLE M  
Address: 8226 OX EYE PLACE  
City-St-Zip: HOMOSASSA, FL 34448 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: NOBLES, NICOLE M  
Address: 4027 E BENNETT ST  
City-St-Zip: INVERNESS, FL 34453 US

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: NICOLE NOBLES

MRS

07/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date