2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114480

1. Entity Name
POOL MAGICIAN INC



FILED Apr 09, 2007 08:00 Al Secretary of State

Principal Place of Business
2300 WHITFIELD PARK DR
#K13
SARASOTA, FL 34243 US

Mailing Address

2300 WHITFIELD PARK DR #K13

SARASOTA, FL 34243 US



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03132007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-0311904 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHASE, LARRY C 3319 ISLAND DATE CIRCLE SARASOTA, FL 34232

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_	Signature, typed or printed name of registered agent and title	if applicable (NOTE: R	egistered Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIREC	9. Election Campaign Trust Fund Contribu	· -	\$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHASE, LARRY C . 3319 ISLAND DATE CIRCLE SARASOTA, FL 34232	Jiona			U00000696615 04/18/07-80006-003 150.00		
NAME STREET ADDRESS CITY-ST-ZIP	SD CHASE, BARBARA L 3319 ISLAND DATE CIRCLE SARASOTA, FL 34232				2.1.20.0, 55550 555 1,05,05		
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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.							