2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000147102

Entity Name: EVERGLADES POOL COMPANY, INC.

FILED Dec 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

208 SE TODD AVENUE 4856 SW BIMINI CIRCLE S. PORT SAINT LUCIE, FL 34983 US PALM CITY, FL 34990 US

Current Mailing Address: New Mailing Address:

P O BOX 9556

PORT SAINT LUCIE, FL 34985 US

FEI Number: 20-1811425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KENT, SHARON I

208 SE TODD AVENUE

PORT ST. LUCIE, FL 34983 US

KENT, SHARON I

4856 SW BIMINI CIRCLE S.
PALM CITY, FL 34990 US

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: 12/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: KENT, EDWIN D Name: KENT, SHARON I

 Address:
 208 SE TODD AVENUE
 Address:
 4856 SW BIMINI CIRCLE S.

 City-St-Zip:
 PORT SAINT LUCIE, FL 34983 US
 City-St-Zip:
 PALM CITY, FL 34990 US

Title: VP,T () Delete Title: VP (X) Change () Addition

Name: KENT, SHARON Name: KENT, ERIK

 Address:
 208 SE TODD AVENUE
 Address:
 4856 SW BIMINI CIRCLE S.

 City-St-Zip:
 PORT SAINT LUCIE, FL 34983 US
 City-St-Zip:
 PALM CITY, FL 34990 US

Title: S (X) Delete Title: () Change () Addition

 Name:
 KENT, BETTY D
 Name:

 Address:
 208 SE TODD AVENUE
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34983
 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: SHARON I KENT D 12/14/2009