2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

7725285829

DOCUMENT # P05000016567 1. Entity Name LITTLEJOHN POOLS, INC. Principal Place of Business Mailing Address			Secretary of State				
6100 PINET	REE DR.	6100 PINETREE DR.					
FORT PIERCI	F, FL 34982 US	FORT PIERCE, FL 34982 U	S				
			i in term	01162007	[[] [CR2E034 (11	
C	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb		· · · · · · · · · · · · · · · · · · ·	Applied For
			. 4	20-226			Not Applicable
	managaran da kabupatan da kabupa Managaran da kabupatan da kabupat		ş*	5. Certificate	of Status Desired		5 Additional aquired
	6. Name and Address of Current Re	gistered Agent		<u>.</u>	· · · · · · · · · · · · · · · · · · ·	3. A. A.	
6100 PINE	HN, RICHARD TREE DRIVE RCE, FL 34982			NOT W THIS SP	(f		
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.							
the obligat	ions of registered agent,						
SIGNATURE.	Signature, typed or printed name of registered agent and	d Agent signature required	I when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	ncing \$5.	.00 May Be led to Fees				
10.	OFFICERS AND DI	RECTORS		1.		*	the second second
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LITTLEJOHN, RICHARD 6100 PINETREE DR. FORT PIERCE, FL 34982				01/31/0 00000	0607507 7-80041-0	14 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	14. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				The second s	too.	A STATE OF THE STA	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			•	3			

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: