


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000012426

1. Entity Name
 CLASS - A POOLS & SPAS, INC.



Principal Place of Business
 13 UTILITY DR
 E
 PALM COAST, FL 32137

Mailing Address
 13 UTILITY DR.
 PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3360125

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMARAL, ANTONIO
 13 UTILITY DR
 E
 PALM COAST, FL 32137

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000661384
 03/20/07-80038-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMARAL, ANTONIO JR
STREET ADDRESS	13 UTILITY DR
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	TD
NAME	AMARAL, ANTONIO SR
STREET ADDRESS	13 UTILITY DR.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	SD
NAME	AMARAL, MARIA
STREET ADDRESS	13 UTILITY DR.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: *Antonio Amaral* **3/5/07** **386-446-3335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/tna Phone #