2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S23832

1. Entity Name LPT POOLS PLUS, INC.



FILED Apr 12, 2007 08:00 AM Secretary of State

Principal Place of Business

814 W. WINTER PARK ST. ORLANDO, FL 32804 US Mailing Address

814 W. WINTER PARK ST. ORLANDO, FL 32804 US



DO NOT WRITE IN THIS SPACE

04102007 No Chg-P C

CR2E034 (11/05)

4. FEI Number 59-3045933

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUBACH, TIMOTHY C. 1218 MOUNT VERNON STREET ORLANDO, FL 32804

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					
	Ogniture, types of printed registered agent and tide in	Tappicaum. (NOTE: No	Pustaled Agent agricul	e required when remounting)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Trust Fund Contribution		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST THOMAS, LLOYD P. 814 W. WINTER PARK ST ORLANDO, FL				H00000702240
TITLE NAME STREET AODRESS CITY-ST-ZIP	D THOMAS, LLOYD P. 814 W. WINTER PARK ST ORLANDO, FL				U00000702349 04/20/07-80096-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE '	,	,	:		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 of 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, of on an attachment with an address, with all other like empowered.

CICNATIDE

STREET ADDRESS CITY-ST-ZIP

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