


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 047 ***150.00

DOCUMENT # 229217			
1. Entity Name CUSTOM POOL PRODUCTS, INC.			
Principal Place of Business 4762 NE 12TH AVE FORT LAUDERDALE, FL 33334-4802		Mailing Address 4762 NE 12TH AVE FORT LAUDERDALE, FL 33334-4802	
2. Principal Place of Business - No P.O. Box # 4811 NE 12th AVE		3. Mailing Address 4811 NE 12th AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OAKLAND PARK FL		City & State OAKLAND PARK FL	
4. FEI Number 59-0873616		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04082008 Chg-P CR2E034 (12/06)	
8. Name and Address of Current Registered Agent BOECKLER, DANIEL A 5296 NE 1 AVE FT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name NANCY R. BOECKLER Street Address (P.O. Box Number is Not Acceptable) 5296 NE 1st AVE City FT LAUDERDALE FL Zip Code 33334	
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: <i>Daniel Boeckler</i> <i>Nancy Boeckler</i> <i>PRESIDENT</i> DATE: <i>4/8/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOECKLER, DANIEL A 5296 N.E. 1ST AVE. FT LAUDERDALE, FL 00000. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOECKLER, NANCY R. 5296 N.E. 1ST AVE. FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOECKLER, DARRON 1408 N- ANDREWS AVE. FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Daniel Boeckler</i> <i>Nancy Boeckler</i> <i>Pres.</i> DATE: <i>4/8/08</i>		Daytime Phone #: <i>954-491-0188</i>	