

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 275983

1. Entity Name
FLORIDA POOL CORPORATION



Principal Place of Business
**110 NE 32 COURT
FORT LAUDERDALE, FL 33334**

Mailing Address
**110 NE 32 COURT
FORT LAUDERDALE, FL 33334**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1143233

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE DON, RAUL R
180 N W 37TH ST
FT LAUDERDALE, FL 33309**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100007380190
01/11/06-80004-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE DON, RAUL R
STREET ADDRESS	180 N W 37TH ST
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	ST
NAME	BLOSCHE, GRACE
STREET ADDRESS	209 N W 23RD ST
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	V
NAME	DE DON, LINDA M.
STREET ADDRESS	180 N.W. 37TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: *Raul R. De Don*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06 *954 565 2165*
Date Daytime Phone #