

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 303766

Entity Name: POOL BUILDERS INC

FILED  
Jan 19, 2010  
Secretary of State

**Current Principal Place of Business:**

5601 S.W. 45 STREET  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

5601 S.W. 45 STREET  
DAVIE, FL 33314

**New Mailing Address:**

FEI Number: 59-1117742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLSON, THOMAS A.  
5601 S.W. 45 STREET  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: NICHOLSON, THOMAS  
Address: 5601 S.W. 45 STREET  
City-St-Zip: DAVIE, FL 33314

Title: DST  
Name: NICHOLSON, GLORIA G.  
Address: 5601 S.W. 45 STREET  
City-St-Zip: DAVIE, FL 33314

Title: DP  
Name: FORD, KEVIN C.  
Address: 5601 S.W. 45 STREET  
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN C. FORD

PRES

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date