

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90137 007 ***150.00

DOCUMENT # 356878
 1. Entity Name
GUARDIAN POOLS INC



Principal Place of Business Mailing Address
 4196 S. UNIVERSITY DR. 4196 S. UNIVERSITY DR.
 DAVIE FL 33328 DAVIE FL 33328

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

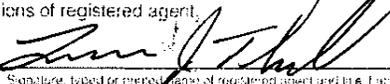
Zip Country Zip Country

4. FEI Number **59-1278581** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CALDARONE, VINCENT JR
 4196 SOUTH UNIVERSITY DRIVE
 DAVIE FL 33328

7. Name and Address of New Registered Agent
 Name **THIBIDEAU, LANCE**
 Street Address (P.O. Box Number is Not Acceptable)
4196 SOUTH UNIVERSITY DRIVE
 City **DAVIE** FL Zip Code **33328**

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  **LANCE J. THIBIDEAU** **4/14/08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

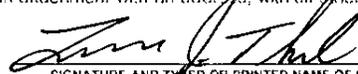
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THIBIDEAU, LANCE	
STREET ADDRESS	4196 S UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CALDARONE, VINCENT JR	
STREET ADDRESS	4196 S UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	C	<input type="checkbox"/> Delete
NAME	ADAMS, WILLIAM J	
STREET ADDRESS	4196 SOUTH UNIVERSITY	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC./TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCE J. THIBIDEAU	
STREET ADDRESS	4196 S. UNIV. DR., DAVIE, FL 33328	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **LANCE J. THIBIDEAU** **4/14/08 (354) 475-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Use Reverse Form #

