


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 402277</b>	
1. Entity Name C.F. POOL SUPPLIES, INC	

Principal Place of Business 468 RIDGEWOOD AVE HOLLY HILL, FL 32117 US	Mailing Address 468 RIDGEWOOD AVE HOLLY HILL, FL 32117 US
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04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1402343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FOSTER, WALTER III  
315 SOUTH PALMETTO AVE  
DAYTONA BEACH, FL 32114

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDEN, CALVIN D 468 RIDGEWOOD AV AP 75 HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST EDEN, JAMES C 50 AUDUBON FLAGLER BEACH, FL 32136
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**DO NOT WRITE IN THIS SPACE**

U00000743232  
05/15/07-80101-019-150.00

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 officers empowered.

SIGNATURE: Calvin D. Eden 4-27-04 386-255-0917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CALVIN D. EDEN