

FILED

Jun 05, 2008 08:00 AM
Secretary of State2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 438857 1. Entity Name: PERFECT POOLS, INC.	
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Principal Place of Business 7660 RAMONA ST MIRAMAR, FL 33023	Mailing Address 7660 RAMONA ST MIRAMAR, FL 33023
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05282008 No Chg-P CR2EC04 (11/05)

4. PEI Number 50-1616837	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORY, DAVID A
7660 RAMONA STREET
MIRAMAR, FL 33023DO 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. For filing 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 transferring)

DATE

000000952833
06/05/08-80004-009 158.75FILE NOW! FEE IS \$550.00
Due by September 12, 20089. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	FLORY, DAVID A
STREET ADDRESS	7660 RAMONA ST
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 110, 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: David A. Flory 5-70-00 954-9630744
SIGNATURE AND TYPED (OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR