


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 487693</b> 1. Entity Name <b>FLORIDA POOL SUPPLY, INC.</b>	
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Principal Place of Business <b>264 WEST DR MELBOURN, FL 32904 US</b>	Mailing Address <b>264 W DRIVE MELBOURN, FL 32904 US</b>
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**DO NOT WRITE IN THIS SPACE**



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1624581</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KIRSCHBAUM, MALCOLM 66 NORTH ATLANTIC AVENUE SUITE 11 COCOA BEACH, FL</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000641085 02/28/07-80092-018 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD METCALF, ROGER A 264 WEST DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METCALF, SCOTT A. 264 WEST DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPILLERS, MICHAEL W. 264 WEST DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHORT, BARBARA A. 264 WEST DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

**SIGNATURE:** Scott A. Metcalf **2/16/07** **321-723-2520**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #