

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 487693

FILED
Jan 20, 2009
Secretary of State

Entity Name: FLORIDA POOL SUPPLY, INC.

Current Principal Place of Business:

264 W DR
MELBOURN, FL 32904 US

New Principal Place of Business:

264 WEST DR
MELBOURNE, FL 32904 US

Current Mailing Address:

264 W DRIVE
MELBOURN, FL 32904 US

New Mailing Address:

264 WEST DR
MELBOURNE, FL 32904 US

FEI Number: 59-1624581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARUSO, JOE
190 FORTENBERRY RD
MERRITT ISLAND, FL 32925 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: CD () Delete
Name: METCALF, ROGER A,
Address: 264 WEST DR
City-St-Zip: MELBOURNE, FL

Title: PD () Delete
Name: METCALF, SCOTT A.,
Address: 264 WEST DR
City-St-Zip: MELBOURNE, FL

Title: VD () Delete
Name: SPILLERS, MICHAEL W.,
Address: 264 WEST DR
City-St-Zip: MELBOURNE, FL

Title: STD () Delete
Name: SHORT, BARBARA A.,
Address: 264 WEST DR
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT A METCALF

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date