

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90050 035 ***150.00

DOCUMENT # 503957

1. Entity Name
ARTESIAN POOLS OF EAST FLORIDA, INC.



Principal Place of Business
**762 S NOVA RD
DAYTONA BEACH, FL 32114 US**

Mailing Address
**762 S NOVA RD
DAYTONA BEACH, FL 32114 US**

400000



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1808034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LENOIS, ROY R JR
762 NOVA RD
DAYTONA BCH, 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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LENOIS, JOAN
STREET ADDRESS	9 VENETIAN CIR
CITY-ST-ZIP	PT ORANGE, FL
TITLE	CEO
NAME	LENOIS, ROY R JR.
STREET ADDRESS	9 VENETIAN CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	PD
NAME	LENOIS, BRIAN
STREET ADDRESS	6236 YELLOWSTONE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VP
NAME	BLANTON, JOHN W III
STREET ADDRESS	308 BRIDLE PATH LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32164
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08

Date

386 258 8641

Daytime Phone #