

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-28-2008 90003 002 ***150.00

DOCUMENT # 575457

1. Entity Name

SOUTHERN COMFORT POOLS, INC.



Principal Place of Business

7261 BEE RIDGE RD
SARASOTA FL 34241
US

Mailing Address

P O BOX 1224
NOKOMIS FL 34274-1224
US

2. Principal Place of Business - No P.O. Box #

3434 N. TAMiami TR.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA FL
Zip 34234 Country US

City & State

Zip Country

4. FEI Number

59-2768081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

JOHNSON, MARY
3616 SHAMROCK DR
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DO ☐ Delete
NAME JOHNSON, MARTIN
STREET ADDRESS 3616 SHAMROCK DR
CITY-ST-ZIP VENICE FL 34293

TITLE DO ☐ Delete
NAME JOHNSON, MARY J.
STREET ADDRESS 3616 SHAMROCK DR
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mary J. Johnson - Mary J. Johnson 2-13-08 94-726-0415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #