

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588477

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: AQUAPOOL OF JACKSONVILLE, INC.

## Current Principal Place of Business:

2251 URBAN ROAD  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

2243 URBAN ROAD  
JACKSONVILLE, FL 32210

## Current Mailing Address:

2251 URBAN ROAD  
JACKSONVILLE, FL 32210

## New Mailing Address:

2243 URBAN ROAD  
JACKSONVILLE, FL 32210

FEI Number: 59-1851032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDREWS, WILLIAM C.  
4614 ARLON LANE  
JACKSONVILLE, FL 32210 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: PST ( ) Delete  
Name: ANDREWS, WILLIAM C.,  
Address: 4614 ARLON LANE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete  
Name: BUSH, DANIEL  
Address: 3766 CEDARCEST DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Delete  
Name: ANDREWS, WILLIAM C JR  
Address: 4331 SAN JUAN AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: V ( ) Delete  
Name: MORTON, GEORGE  
Address: 2226 MANGROVE LN  
City-St-Zip: GREEN COVE SPRINGS, FL 32042

Title: V ( ) Delete  
Name: WEAVER, PATRICK  
Address: 1622 6TH AVE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: BUSH, DANIEL  
Address: 7162 HYDE GROVE  
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: V (X) Change ( ) Addition  
Name: BUSH, JEREMIAH  
Address: 7162 HYDE GROVE AVE  
City-St-Zip: JACKSONVILLE, FL 32210

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM C. ANDREWS

PST

04/19/2007

Electronic Signature of Signing Officer or Director

Date