

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #611961

1. Entity Name
BLUE POOLS, INC.



Principal Place of Business

513 U.S. HWY. 1
SUITE 214
NORTH PALM BEACH, FL 33408 US

Mailing Address

POST OFFICE BOX 14777
NORTH PALM BEACH, FL 33408 US

FILED
Jul 17, 2008 08:00 AM
Secretary of State



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1890329

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BELL, JERRY Y
513 U.S. HWY1
SUITE 214
N. PALM BEACH, FL 33408

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELL, JERRY Y.
STREET ADDRESS	513 US HWY 1 STE 214
CITY-ST-ZIP	NORTH PALM BEACH, FL
TITLE	VST
NAME	BELL, JOANNE H
STREET ADDRESS	15269 -77TH TRL N.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

7/15/08

Date

Daytime Phone #